

Department of Human Services
Bureau of Human Service Licensing

September 13, 2021

[REDACTED]
KAYMARIE BRIDDELL
9157 HOUNDSBAY DRIVE
MONTGOMERY, AL 36117

RE: VINE STREET MANOR
230 NORTH 65TH STREET
PHILADELPHIA, PA, 19139
LICENSE/COC#: 14234

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/09/2021, 03/10/2021, 03/11/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Mia Johnson

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: *VINE STREET MANOR* License #: *14234* License Expiration Date: *11/02/2021*
 Address: *230 NORTH 65TH STREET, PHILADELPHIA, PA 19139*
 County: *PHILADELPHIA* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: *2158804641* Email: [REDACTED]

Legal Entity

Name: *KAYMARIE BRIDDELL*
 Address: *9157 HOUNSBAY DRIVE, MONTGOMERY, AL, 36117*
 Phone: *2158804641* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *Other* Date: *06/28/2004* Issued By: *City of Philadelphia*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *39* Waking Staff: *29*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *04/08/2021*

Inspection Dates and Department Representative

03/09/2021 - On-Site: [REDACTED]
 03/10/2021 - On-Site: [REDACTED]
 03/11/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *84* Residents Served: *36*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *31* Are 60 Years of Age or Older: *29*
 Diagnosed with Mental Illness: *31* Diagnosed with Intellectual Disability: *5*
 Have Mobility Need: *3* Have Physical Disability: *1*

Inspections / Reviews

03/09/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *06/13/2021*

6/29/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *07/02/2021*

7/2/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *07/05/2021*

9/13/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

3c - Post Current License

1. Requirements

2600.

- 3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 3/9/21, the home's current LIS, dated 12/14/20, was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept

Vine Street Manor's current LIS has been posted in the lobby area of the first floor. In the future, the administrator and designee will make sure that it is always posted in a conspicuous and public place.

Completion Date: 06/14/2021

Document Submission

Implemented

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:
1. Agents of the Department.

Description of Violation

On 3/10/21 and 3/11/21, staff person A, the administrator could not provide an accurate resident list or resident list for whom the home is the representative payee.

Plan of Correction

Accept

In the future, administrator or designee will ensure that a current resident list is kept and that a list of residents who the home is the payee for is also made available to agents of the department. The home is also currently using Tabula Pro to make all residents files up to date and readily available at all times.

Completion Date: 06/15/2021

Document Submission

Implemented

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.

18 - Compliance With Laws *(continued)*

Description of Repeat Violation

Personal care and assisted living homes must post the required influenza information in a public place in the home year-round as required by the Influenza Awareness Act (HB 1785). The home did not have an influenza poster anywhere.

Repeat Violation: 6/25/2019

Plan of Correction

Accept

Vine Street Manor has posted two influenza posters in the facility in public places. In the future, the designee will ensure that the posters are always posted within the facility. Monthly internal inspections will be conducted by the designee or administrative consultant.

Completion Date: 06/15/2021

Document Submission

Implemented

2. Requirements

2600.

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

18 - Compliance With Laws (continued)

Description of Violation

CARE FACILITY CARBON MONOXIDE ALARMS STANDARDS ACT - ENACTMENT Act of Jun. 23, 2016 Carbon monoxide alarms must be installed in proximity of, but not less than 15 feet from any fossil-fuel burning device or appliance. The carbon monoxide detector located on the first floor near resident rooms is not operational. There was no carbon monoxide detector located near the fossil fuel appliances in the basement.

According to NFPA 96, Standards for Ventilation Control and Fire Protection of Commercial Cooking Operations, Chapter 12 Procedures for the Use, Inspection, Testing and Maintenance of Equipment: Maintenance of the fire-extinguishing systems and listed exhaust hoods containing a constant or fire-activated water system that is listed to extinguish a fire in the grease removal devices, hood exhaust plenums, and exhaust ducts shall be made by properly trained, qualified, and certified persons acceptable to the authority having jurisdiction at least every 6 months. The homes Ansul system has not been inspected since April 2019.

Plan of Correction

Accept

Home has installed new carbon monoxide detectors in the correct places throughout the facility. From this point on, the administrator and designee will ensure that all carbon monoxide detectors are functioning properly and fully operational. Monthly internal inspections will be conducted by the designee or administrative consultant to ensure compliance.

The home will have the Ansul system inspection done on or before June 18th, 2021. In the future, the home's designee will ensure that all inspections are completed as required.

Completion Date: 06/15/2021

Document Submission

Implemented

20b5 - No Commingling

1. Requirements

2600.

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

5. Commingling of resident funds and home funds is prohibited.

Description of Repeat Violation

The home is representative payee for 11 resident's. The 11 resident's social security income is deposited into the homes business account. The residents do not have their own individual accounts.

Repeat Violation: 7/7/2020, et al

20b5 - No Commingling (*continued*)**Plan of Correction****Accept**

The home is the representative payee for 10 residents who currently have their own individual accounts at Citizens Bank. From this point on, the administrator will continue to make sure that all residents who the home is the representative payee for continue to have their own separate individual accounts.

Completion Date: 06/15/2021

Document Submission**Implemented**

20b6 - Interest Bearing Account

1. Requirements

2600.

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

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

Description of Violation

The home is holding more than \$200 for more than 2 consecutive months for the residents in which the home is representative payee for. The home has not documented any resident's refusal of an independent interest bearing bank account to hold funds.

Plan of Correction**Accept**

The home has documentation signed by the residents stating their refusal of an independent interest bearing bank account.

Please see attached.

Completion Date: 06/15/2021

Document Submission**Implemented**

20b8 - Quarterly Account

1. Requirements

2600.

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

8. The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

Description of Repeat Violation

Residents #1 and #2 have not received a quarterly account of financial transactions in 2020.

Repeat Violation - 7/7/2020, et al, 6/25/2019

20b8 - Quarterly Account (continued)

Plan of Correction**Accept**

Resident #2 is no longer a resident of Vine Street Manor. Resident #1 has received [REDACTED] quarterly statements for 2020. In the future, the designee will ensure that all residents receive all quarterly financial statements.

Completion Date: 06/15/2021

Document Submission**Implemented**

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

The resident-home contract, dated [REDACTED]/19, for resident #3 was not signed by the resident.

Plan of Correction**Accept**

Resident #3 has signed [REDACTED] resident-home contract. In the future, the administrator and designee will ensure that all resident-home contracts are signed upon arrival at Vine Street Manor.

Completion Date: 06/15/2021

Document Submission**Implemented**

25c1 - Personal Needs Allowance

1. Requirements

2600.

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

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

Resident #4, admitted on [REDACTED]/21, is not receiving a monthly personal needs allowance.

Plan of Correction**Accept**

Even though the home has not yet received any money for resident #4, the home has been giving resident #4 monthly personal needs allowance.

Please see attached.

Completion Date: 06/15/2021

Document Submission**Implemented**

41e - Signed Statement

1. Requirements

41e - Signed Statement (continued)

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 #3's record 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**

Resident #3 has been given and signed a copy of the residents rights and complaint procedures. Signed copies have been placed in resident #3's file.

In the future, the administrator and designee will make sure all resident files contain signed copies of the resident rights and complaint procedures.

Completion Date: 06/15/2021

Document Submission**Implemented****42b - Abuse****1. Requirements**

2600.

- 42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Repeat Violation

Resident #1 had hip replacement surgery in [REDACTED] 2020 and was prescribed Oxycodone 5 mg every 6 hours PRN for pain after the surgery. This medication was not available in the home. The pharmacy sent several letters out to the home to inquire about an insurance issue but received no response from the home. The home did not contact the physician to request a different pain medication. The home failed to administer the pain medication to the resident or to have the prescription filled by the pharmacy. The resident states [REDACTED] is in pain every day from [REDACTED] hip replacement surgery.

The home has failed to provide documentation that residents received their 2nd economic impact payment of \$600 received by the home in January 2021 for residents #5, #6, #7, #8, #9, #10, #11, #12 and #13.

Repeat Violation: 7/7/2020, et al, 6/25/2019

42b - Abuse (continued)

Plan of Correction**Accept**

Resident #1 had insurance that would not pay for [REDACTED] prescribed oxycodone. [REDACTED] doctor and prescribing nurse were aware that the insurance wouldn't cover oxycodone so the resident was prescribed Tylenol for pain. Resident #1's doctor informed the pharmacy that oxycodone needs to be removed from [REDACTED] MAR. In the future, direct care staff members will continue to remind the pharmacy to only put current medication of the resident's MARs.

Residents #5, #6, #7, #8, #9, #10, #11 and #12 have all been given their 2nd economic impact payment. Resident #13 is no longer a resident of Vine Street Manor and moved out of the facility on [REDACTED] 2021. All money for resident #13 has been forwarded to [REDACTED] new residence.

Completion Date: 06/15/2021

Document Submission**Implemented**

42s - Privacy

1. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

On 3/9/21, resident #14's door does not stay close due to the knob being in disrepair. [REDACTED] uses an ace bandage to keep it closed.

Plan of Correction**Accept**

Resident #14's door has been repaired and is in perfect working condition. From this point on, staff will report to administrator and designee about maintenance issues that are needed immediately.

Completion Date: 06/15/2021

Document Submission**Implemented**

53e - Knowledge of Regulations

1. Requirements

2600.

53.e. The administrator shall have knowledge of this chapter.

Description of Repeat Violation

Staff person A, the administrator lacks knowledge of chapter 2600 regulations. The administrator was unaware that the CPR certification must be conducted by a recognized health care organization and that it has to be hands on training in person. [REDACTED] is also unfamiliar with the regulations regarding handling finances of the residents.

Repeat Violation: 7/7/2020, et al

53e - Knowledge of Regulations *(continued)***Plan of Correction****Accept**

Administrator was not "unaware" of the CPR certification requirements. Due to Covid-19 the home was unable to find someone to come to the facility to conduct in person training. Therefore, the administrator received recertification online because that was the only option at the time. On June 14th 2021, the home conducted in person CPR training in the facility for all staff members.

Administrator is knowledgeable of the regulations regarding handling finances of the residents.

Completion Date: 06/15/2021

Document Submission**Implemented**

53g - Financial Management

1. Requirements

2600.

53.g. The administrator shall have the ability to maintain or supervise the maintenance of financial and other records.

Description of Repeat Violation

Staff person A, does not maintain or supervise the maintenance of financial or other records as evidenced by the administrator not being aware of the current financial institution used by home, unaware of unaccounted \$100 cash observed in Stimulus book/green binder, unable to independently pull copies of requested financial documents. The home does not have a office manager or book keeper that manages the homes finances. The administrator is responsible for all financial records and documents.

Staff person A was unable/unwilling to provide an accurate list of residents for whom the home is the representative payee. Each time a list was requested, an error was pointed out or staff suggested an error had been made.

Repeat Violation: 7/7/2020, et al

Plan of Correction**Accept**

The home's designee is currently responsible for managing the resident's finances. The administrator supervises the maintenance of all financial records. From this point on, all financial books will be properly managed by the home's designee, and supervised by the home's administrator. In the future, the administrator and designee will ensure that a current list of residents for whom the home is the representative payee for is readily available at all times.

Completion Date: 06/15/2021

Document Submission**Implemented**

54a - Direct Care Staff

1. Requirements

2600.

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

1. Be 18 years of age or older, except as permitted in subsection (b).
2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

54a - Direct Care Staff *(continued)*

3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

Description of Violation

Direct care staff person B, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction**Accept**

Staff person B is no longer employed at Vine Street Manor.

Administrator or designee will audit all staff records to ensure all required documentation is present. Administrator or designee will review all new hire documentation ensure all required documentation is present before employee is placed on the schedule to work.

Completion Date: 06/30/2021

Document Submission**Implemented**

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

On 3/9/21, 3/10/21, and 3/11/21, 36 residents were present in the home. During this time there were no staff persons present in the home who are certified in CPR.

Plan of Correction**Accept**

Due to Covid-19 the home was unable to find someone to come to the facility to conduct in person training. On June 14th 2021, the home conducted in person CPR training in the facility for all staff members.

Completion Date: 06/14/2021

Document Submission**Implemented**

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

All staff persons were trained in first aid and certified in obstructed airway techniques and CPR online by American Health Care Academy. This training source is not certified as a trainer by a hospital or other recognized health care organization.

63b - Current First Aid Training (*continued*)**Plan of Correction****Accept**

Due to Covid-19 the home was unable to find someone to come to the facility to conduct in person training. On June 14th 2021, the home conducted in person CPR training in the facility for all staff members.

Completion Date: 06/14/2021

Document Submission**Implemented**

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:
1. Evacuation procedures.
 2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
 3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
 4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
 5. The location and use of fire extinguishers.
 6. Smoke detectors and fire alarms.
 7. Telephone use and notification of emergency services.

Description of Violation

Staff person B, whose first day of work was [REDACTED]/20, did not receive orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, telephone use and notification of emergency services, smoke detectors and fire alarms.

Plan of Correction**Accept**

Staff person B is no longer an employee at Vine Street Manor. In the future, the administrator and designee will ensure that all new staff members are properly trained prior to or during the first day of work.

Completion Date: 06/15/2021

Document Submission**Implemented**

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:
1. Resident rights.
 2. Emergency medical plan.

65b - Rights/Abuse 40 Hours (*continued*)

3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

Description of Violation

Staff person B completed [REDACTED] 40th scheduled work hour on [REDACTED]/2020. However, this staff person did not complete training in the following topics: resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), reporting of reportable incidents and conditions.

Plan of Correction**Accept**

Staff person B is no longer an employee at Vine Street Manor. In the future, the administrator and designee will ensure that all new staff members are properly trained prior to or during the first day of work.

Completion Date: 06/15/2021

Document Submission**Implemented**

65c - Ancillary Staff Orientation

1. Requirements

2600.

- 65.c. Ancillary staff persons shall have a general orientation to their specific job functions as it relates to their position prior to working in that capacity.

Description of Violation

Ancillary staff person C, whose first day of work was [REDACTED]/20, did not have a general orientation to [REDACTED] specific job functions.

Plan of Correction**Accept**

Staff person C is no longer an employee at Vine Street Manor. In the future, the administrator and designee will ensure that all new staff members are properly trained prior to or during the first day of work.

Completion Date: 06/15/2021

Document Submission**Implemented**

82c - Locking Poisonous Materials

1. Requirements

2600.

- 82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

Bleach, with a manufacture's label indicating "call poison control", was unlocked, unattended, and accessible to residents in the second floor closet. Not all residents of the home have been assessed capable of recognizing and using poisons safely.

82c - Locking Poisonous Materials (*continued*)**Plan of Correction****Accept**

All poisonous cleaning materials will be kept in locked closets. Maintenance staff will be responsible for ensuring that no residents have access to poisonous cleaning materials.

Completion Date: 06/15/2021

Document Submission**Implemented**

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 3/9/21, during safety walk of the home, the bathroom located on 3rd floor across from resident room C17 was flooded. There was water, urine and feces on the floor. The Department representative walked in the bathroom and through the water, urine and feces on the flooded bathroom floor.

On 3/11/21, the bathroom located on the 3rd floor across from resident room C17, had two bathroom stalls, Stall A had no toilet seat, Stall B had been out of service and the toilet was filled with feces along with feces on the walls and floor around the stall.

On 3/11/21, the bathroom across from room A1 has a shower curtain covered in mold and soap scum.

On 3/11/21, room C 10 had a strong urine odor.

On 3/11/21, a room labeled 2 in basement has ceiling damage and some type of mold.

On 3/11/21, multiple spots on the ceiling in basement has water damage and mold present.

On 3/11/21, there was used rubber gloves and masks in the yard of the home.

On 3/11/21, the smoking area called the "smokehouse" located in the yard of the home, had multiple cigarette butts, approximately 12 empty beer cans and a pile of what appeared to be human feces laying on the floor.

Plan of Correction**Accept**

Bathrooms in the home are cleaned daily and as needed. In addition, staff has been instructed to monitor all bathrooms more closely to maintain sanitary conditions.

Completion Date: 06/30/2021

Document Submission**Implemented**

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

On 3/9/21, there was a full, uncovered unattended trash can in the kitchen and on 3/11/21, there was a full, uncovered, unattended trash can in the 3rd floor bathroom and the kitchen.

Plan of Correction

Accept

All staff members including maintenance staff have been instructed to make sure all trash cans are emptied and covered properly. Maintenance staff members will ensure that trash cans are always covered, and that trash is taken out as necessary.

Completion Date: 06/15/2021

Document Submission

Implemented

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 Repeat Violation

There were open trash bags located outside near back door of home.

Repeat Violation: 7/7/20, et al

Plan of Correction

Accept

All staff members have been instructed not to leave trash bags outside of the facility and to place all trash in the proper containers. Maintenance will ensure that all trash is placed in the proper containers.

Completion Date: 06/14/2021

Document Submission

Implemented

88a - Surfaces

1. Requirements

2600.

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

88a - Surfaces (continued)

Description of Violation

On 3/11/21, the ceiling in room labeled 2 in the basement has water damage, mold, and is falling and crumbling down onto the floor. The holes are about 1-2 feet wide in size and debris falls from them onto the floor below.

On 3/11/21, there were damaged ceiling tiles on the 2nd floor near the elevator and damaged tiles and peeling wallpaper near the 3rd floor elevators and window.

On 3/11/21, the ceiling tiles on the 1st floor around the nurses station were damaged from a leak.

On 3/11/21, the men's bathroom on 3rd floor, where the fire was located, has two water damaged tiles.

Plan of Correction**Accept**

All damage in the basement has been repaired. All ceiling tiles with water damage have also been replaced. In addition, the wallpaper on 3rd floor has been repaired. All staff including maintenance has been instructed to inform the administrator and/or designee when maintenance is required.

Completion Date: 06/15/2021

Document Submission**Implemented**

92 - Windows

1. Requirements

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Repeat Violation

On 3/11/21, the third-floor men's bathroom has a piece of plexiglass used to replace the window. The window is screwed in place and cannot be opened.

Repeat Violation: 6/25/2019

Plan of Correction**Accept**

The other window in the third-floor men's bathroom has had a screen installed, also the ceiling fan is in full working condition. Window was secured for residents safety due to residents throwing debris out of the window.

Completion Date: 06/15/2021

92 - Windows *(continued)*

Document Submission

Implemented

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 3/11/21, the outside bench located in the designated smoking area of the home was missing the entire plank across the bench posing a hazard to residents.

On 3/11/21, there were two chairs in the dining area against the wall that were broken and a hazard for the residents. The seat on one chair was caved in. The other chair had a seat that was not connected to the chair itself.

On 3/11/21, the bathroom across from room A1 on the first floor has damage to the walls surrounding the tub. The tiles are missing around the faucet, grab bar and the soap dish area. The soap dish and tiles surrounding the soap dish have fallen off and are sitting in the corner of the tub.

Plan of Correction

Accept

The outside bench has been fixed and is in good condition. All broken chairs have been removed and replaced. In the future, all direct care staff members will notify administrator and/or designee if maintenance is required for all outdoor and indoor furniture. The first floor bathroom has been repaired and is in good condition.

Completion Date: 06/15/2021

Document Submission

Implemented

100a - Exterior - Free of Hazards

1. Requirements

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

Broken furniture was observed in the yard near the dumpsters that included two refrigerators; an old motorized cart and chair which is a tripping hazard for residents in the yard.

Plan of Correction

Accept

All items have been properly discarded from the exterior of the facility. Maintenance will ensure that no hazards are outside of the home.

Completion Date: 06/15/2021

Document Submission

Implemented

101j2 - Bedroom Chairs

1. Requirements

2600.

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

2. A chair for each resident that meets the resident's needs.

Description of Repeat Violation

On 3/11/21, bedrooms A4, A6 and A7 were occupied by residents; however, there are no chairs in these rooms.

Repeat Violation: 6/25/2019

Plan of Correction**Accept**

All resident rooms currently have one chair for each resident that resides in the room. In the future, administrator and designee will ensure that each room has the required items in the room.

Completion Date: 06/15/2021

Document Submission**Implemented**

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 Repeat Violation

Residents #1, #4, #11, #12, #15 and #16 do not have access to a source of light that can be turned on/off at bedside.

The quarantine room and B13 do not have access to a source of light that can be turned on/off at bedside.

Repeat Violation: 6/25/2019

Plan of Correction**Accept**

All rooms currently have fully functioning lamps that are accessible for all residents to reach from their bedside. In the future, administrator and designee will ensure that each room has the required items in the room.

Completion Date: 06/15/2021

Document Submission**Implemented**

101r - Bedroom - shades/drapes/window covering

1. Requirements

2600.

101.r. There must be drapes, shades, curtains, blinds or shutters on the bedroom windows. Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.

Description of Violation

On 3/11/21, the window in bathroom #3 on second floor did not have shades, blinds, or shutters.

101r - Bedroom - shades/drapes/window covering (*continued*)**Plan of Correction****Accept**

The window in bathroom #3 on the second floor has had blinds installed. In the future, administrator and designee will make sure that all bathrooms are equipped with necessary shades, blinds or shutters.

Completion Date: 06/14/2021

Document Submission**Implemented**

102h - Toilet Paper

1. Requirements

2600.

102.h. Toilet paper shall be provided for every toilet.

Description of Violation

On 3/11/21, there was no toilet paper for the toilet in stall B in the bathroom on the third floor across from resident room.

Plan of Correction**Accept**

New industrial toilet paper holders will be installed in the facility on or before June 25th, 2021. The new toilet paper holders will require a key to open that will be held by the maintenance staff to prevent residents from removing the toilet paper.

In the meantime, maintenance will ensure that every bathroom has an adequate amount of toilet paper available at all times.

Completion Date: 06/15/2021

Document Submission**Implemented**

103f - Refrigerator/Freezer Temps

1. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 3/11/21, there were no thermometers in the two refrigerators and freezer located in the back kitchen area.

Plan of Correction**Accept**

Additional thermometers have been placed in all of the refrigerators and freezers located inside of the facility. The home's designee will ensure that the thermometers are always in good working condition.

Completion Date: 06/15/2021

103f - Refrigerator/Freezer Temps (*continued*)

Document Submission

Implemented

2. 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 Repeat Violation

On 3/11/21, the temperature in the kitchen refrigerator was 46 degrees Fahrenheit.

Repeat Violation: 6/25/2019

Plan of Correction

Accept

The kitchen refrigerator gets opened so often that the digital thermometer tends to go up. A new refrigerator thermometer has been placed inside of the fridge that is a more accurate measurement of temperature.

Completion Date: 06/15/2021

Document Submission

Implemented

107c - Food/Water 3 Day Supply

1. Requirements

2600.

107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Description of Violation

On 3/11/21, the home served 37 residents, requiring 111 gallons of emergency drinking water. However, the home had only 96 gallons. The home does not have a contract with a local bottled water supplier that would supply remaining emergency water.

On 3/11/21, the home does not have adequate emergency food supply.

Plan of Correction

Accept

The required amount of emergency food and water has been ordered and will arrive on or before June 25th, 2021. In the future, the home's administrator and designee will ensure that the home always has the adequate amount of emergency food and water.

Completion Date: 06/15/2021

Document Submission

Implemented

141b1 - Annual Medical Evaluation

1. Requirements

2600.

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

141b1 - Annual Medical Evaluation (*continued*)**Description of Repeat Violation**

Resident #3's most recent medical evaluation was completed on 5/31/19.

Repeat Violation: 6/25/2019

Plan of Correction**Accept**

Resident #3's doctor has been contacted and a current medical evaluation will be completed on or before June 29th, 2021. In the future, the administrator and designee will ensure that all medical evaluations are completed on time and are in each resident's files.

Completion Date: 06/15/2021

Document Submission**Implemented**

144d - Smoking Outside

1. Requirements

2600.

144.d. Smoking outside of the smoking room is prohibited.

Description of Repeat Violation

On 3/9/21, at 9:00 am, residents were observed smoking by the back patio door which is not the home's designated smoking area.

On 3/11/21, a cigarette butt was observed on the bed and a pile of ashes on the floor of room C-13. The room also smelled of marijuana. The home's designated smoking areas are inside the "smokehouse" or bench area.

Repeat Violation: 7/7/2020, et al

Plan of Correction**Accept**

All residents have been informed that smoking is allowed in the back where the benches are located and in the smoke house also located in the back of the facility. Staff has been instructed to constantly remind the residents not to smoke in the patio area by the door.

Staff will monitor all rooms and will call police if drug use is observed.

Completion Date: 06/15/2021

Document Submission**Implemented**

161e - Dietary Alternatives

1. Requirements

2600.

161.e. Dietary alternatives shall be available for a resident who has special health needs or religious beliefs regarding dietary restrictions.

Description of Violation

On 3/9/21, the home did not provide a dietary alternative for residents with special dietary needs or religious beliefs.

161e - Dietary Alternatives (*continued*)**Plan of Correction****Accept**

The home will ensure that there are always dietary alternatives for each meal. The home's cook has been instructed to provide alternatives that will accommodate those with special dietary needs and/or religious beliefs.

Completion Date: 06/15/2021

Document Submission**Implemented**

162e - Menu Changes

1. Requirements

2600.

162.e. A change to a menu shall be posted in a conspicuous and public place in the home and shall be accessible to a resident in advance of the meal. Meal substitutions shall be made in accordance with § 2600.161 (relating to nutritional adequacy).

Description of Repeat Violation

On 3/11/21, turkey and cheese sandwiches were listed on the menu for the lunch meal. Ham and cheese sandwiches were served instead. No notice was provided to the residents in advance of the meal.

Repeat Violation: 7/7/20, et al

Plan of Correction**Accept**

The home's cook has been instructed to follow the posted menu. When that isn't possible the cook will post the changes to the menu well in advance, for all residents to see and be aware of.

Completion Date: 06/15/2021

Document Submission**Implemented**

183d - Prescription Current

1. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 3/11/21, resident #17's Azithromycin 250 mg Tab was discontinued 10/28/20 and remained on the cart.

Plan of Correction**Accept**

Resident #17's Azithromycin has been properly disposed. From this point on, the home's main nurse will ensure that all discontinued medications are sent back to the proper pharmacy.

Completion Date: 06/15/2021

183d - Prescription Current (*continued*)

Document Submission

Implemented

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

On 3/11/21, one loose white round pill was observed in the top drawer of the medication cart.

Plan of Correction

Accept

All Direct Care Staff members have been instructed to monitor the nursing station more closely and all direct care staff has been informed of the incident and knows to monitor the medication carts more carefully. In addition, direct care staff has been advised to be more careful when opening resident's medication packs.

Completion Date: 06/15/2021

Document Submission

Implemented

183f - Discontinued Medications

1. Requirements

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

On 3/11/21, Nyamyc POW 1000 prescribed for resident #8 was in the home's medication cart; however, the medication expired on 3/9/21. This is not an approved method of destroying medications according to the Department of Environmental Protection and Federal and State regulation.

On 3/11/21, 4 bottles of Benztropine 2 mg tablet prescribed for resident #18 who no longer resides in the home was in the home's medication cart. This is not an approved method of destroying medications according to the Department of Environmental Protection and Federal and State regulation.

On 3/11/21, 9 bottles of Clozapine Tab 100 mg prescribed for resident #19 were in the home's medication cart; however, the medications were all expired. This is not an approved method of destroying medications according to the Department of Environmental Protection and Federal and State regulation.

183f - Discontinued Medications (*continued*)**Plan of Correction****Accept**

Designee will ensure all expired and discontinued medication will be returned to the proper pharmacy or destroyed in a manor that is compliant with the Department of Environmental Protection and Federal and State rules and regulations.

Completion Date: 06/15/2021

Document Submission**Implemented**

185a - Implement Storage Procedures

1. Requirements

2600.

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

Description of Violation

On 3/11/21, the medication cart was unlocked and unattended.

Plan of Correction**Accept**

All direct care staff has been encouraged to keep all medication carts locked and to keep the nursing station locked unless staff is present.

Completion Date: 06/15/2021

Document Submission**Implemented****2. Requirements**

2600.

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

Description of Violation

Resident #1 is prescribed Oxycodone 5 mg Tab as needed. On 3/11/21 this medication was not available in the home.

Plan of Correction**Accept**

Resident #1 had insurance that would not pay for [REDACTED] prescribed oxycodone. [REDACTED] doctor and prescribing nurse were aware that the insurance wouldn't cover oxycodone so the resident was prescribed Tylenol for pain. Resident #1's doctor informed the pharmacy that oxycodone needs to be removed from [REDACTED] MAR. In the future, direct care staff members will continue to remind the pharmacy to only put current medication of the resident's MARs.

Completion Date: 06/15/2021

Document Submission**Implemented**

187b - Date/Time of Medication Admin.

1. Requirements

2600.

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

Description of Repeat Violation

Resident #17 was prescribed Azithromycin 250 mg tab on 10/20/20. Resident #17's October medication administration record does not include the initials of the staff person who administered the first dose of Azithromycin 250 mg that is missing from the package.

Repeat Violation: 7/7/2020, et al

Plan of Correction**Accept**

The staff person was re-trained on properly documenting and signing the MARs at the time medication is given. The staff member is no longer an employee of Vine Street Manor. In the future, the home's designee will ensure that all staff is aware of how to sign the MARs properly.

Completion Date: 06/15/2021

Document Submission**Implemented**

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

Resident #17 is prescribed Azithromycin 250 mg Tab take 2 tablets by mouth on day 1 then take 1 tab daily on days 2 through 5. However, this medication was not administered to resident #17 on days 3 through 5. There were three pills remaining when the prescription expired.

On 3/11/21, there were multiple full expired bottles of Benztropine 2 mg Tab, belonging to resident #18 on the medication cart. The bottles expired on 9/26/19, 11/19/19, 4/11/20 and 11/7/20. This medication was not administered to resident #18 as prescribed.

On 3/11/21, there were multiple full expired bottles of Clozapine 100 mg Tab and Clozapine 25 mg Tab belonging to resident #19 on the medication cart. Some bottles had expiration dates of 10/30/20, 11/27/20, 1/22/21, 2/26/21 and 3/1/21. This medication was not being administered to resident #19 as prescribed.

Repeat Violation: 6/25/2019

Plan of Correction**Accept**

Staff has been re-trained to properly store and dispose of medication when medications are expired or not given to the residents. Resident #18 is no longer a resident of Vine Street Manor. However, staff has been retrained to give all medications as prescribed and to dispose medications properly if they are expired or not given.

Completion Date: 06/15/2021

Document Submission**Implemented**

188b - Medication Error Reporting

1. Requirements

2600.

188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

Description of Violation

The home has not reported any medication errors to the Department, Physician or the residents family in regards to the medication not being administered to residents #17, #18 and #19.

Plan of Correction

Accept

In the future, the home's administrator and designee will ensure that all medication errors are reported to the department. Direct care staff members will be responsible to inform the administrator and/or designee when medication errors occur.

Completion Date: 06/15/2021

Document Submission

Implemented

188c - Medication Error Documentation

1. Requirements

2600.

188.c. Documentation of medication errors and the prescriber's response shall be kept in the resident's record.

Description of Violation

The home failed to administer medications to residents #17, #18 and #19 on numerous occasions as evidenced by the multiple expired bottles of medications. There is no documentation of the error in the residents record.

Plan of Correction

Accept

Direct care staff has been instructed to give all medication as prescribed and to ensure that all expired medications are disposed of properly. Direct care staff will ensure that all medications are administered and documented at the correct time.

Completion Date: 06/15/2021

Document Submission

Implemented

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 #3, admitted [REDACTED] 19, has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error. The home could not provide signed documentation.

191 - Resident Right to Refuse (*continued*)**Plan of Correction****Accept**

As of June 14th 2021, resident #3 has been informed of [REDACTED] right to refuse medication and has signed proper documentation. In the future, administrator and designee will ensure all residents are informed of their right to refuse medication at time of admission to Vine Street Manor.

Completion Date: 06/15/2021

Document Submission**Implemented**

221b - Activity Types

1. Requirements

2600.

221.b. The program must provide social, physical, intellectual and recreational activities in a planned, coordinated and structured manner.

Description of Violation

The home does not offer activities to the residents.

Plan of Correction**Accept**

The home currently has daily activities that are posted in a public place. All residents are encouraged to participate in all of the daily activities.

Completion Date: 06/15/2021

Document Submission**Implemented**

221c - Post Activity Calendar

1. Requirements

2600.

221.c. A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

Description of Violation

The home does not have a current weekly activity calendar posted in a public and conspicuous place in the home.

Plan of Correction**Accept**

The home currently has daily activities that are posted in a public place. All residents are encouraged to participate in all of the daily activities.

Completion Date: 06/15/2021

Document Submission**Implemented**

224a - Preadmission Screen Form

1. Requirements

2600.

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

224a - Preadmission Screen Form (*continued*)**Description of Violation**

Resident #4 was admitted to the home on [REDACTED] 21; however, the residents prescreen is missing the date of prescreen, level of supervision, self administration of medications, and if the resident can safely avoid poisons was not completed. Resident #20 was admitted to the home on [REDACTED] /18; however, the residents prescreen form was not completed.

Plan of Correction**Accept**

Both resident #4 and resident #20 currently have prescreens in their files. In the future, both the administrator and designee will ensure that all new residents have prescreen forms completed on or before their day of arrival at the facility.

Completion Date: 06/15/2021

Document Submission**Implemented**

227d - Support Plan Medical/Dental

1. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #4's support plan is incomplete pages 3, 4 and 5 are blank.

Resident #6's support plan does not indicate the level of degree for toileting.

Resident #21's support plan does not indicate the level of degree for assistance with shopping and obtaining seasonal clothing.

Plan of Correction**Accept**

Residents #4, #6 and #21's support plans have been completed. In the future, the administrator and designee will ensure that all resident's support plans are completed in accordance with the rules and regulations of the state department.

Completion Date: 06/15/2021

Document Submission**Implemented**

252 - Record Content

1. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

1. Name, gender, admission date, birth date and Social Security number.
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
3. A photograph of the resident that is no more than 2 years old.
4. Language or means of communication spoken or used by the resident.
5. The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.
6. The name, address and telephone number of the resident's physician or source of health care.
7. The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms.
8. A list of prescribed medications, OTC medications and CAM.
9. Dietary restrictions.
10. A record of incident reports for the individual resident.
11. A list of allergies.
12. The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies.
13. The preadmission screening, initial intake assessment and the most current version of the annual assessment.
14. A support plan.
15. Applicable court order, if any.
16. The resident's medical insurance information.
17. The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity.
18. An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated.
19. An inventory of the resident's property entrusted to the administrator for safekeeping.
20. The financial records of residents receiving assistance with financial management.
21. The reason for termination of services or transfer of the resident, the date of transfer and the destination.
22. Copies of transfer and discharge summaries from hospitals, if available.
23. If the resident dies in the home, a copy of the official death certificate.
24. Signed notification of rights, grievance procedures and applicable consent to treatment protections specified in § 2600.41 (relating to notification of rights and complaint procedures).
25. A copy of the resident-home contract.
26. A termination notice, if any.

Description of Repeat Violation

Resident #4's record does not include a photograph of the resident.

Residents #6, #20 and #21's record does not include a photograph of the resident that is no more than 2 years old.

Repeat Violation: 6/25/2019

Plan of Correction**Accept**

All current residents will have updated photographs in their files on or before June 25, 2021. In the future, the administrator and designee will ensure that all residents have updated photographs in their files.

Completion Date: 06/15/2021

252 - Record Content *(continued)*

Document Submission

Implemented