

Department of Human Services
Bureau of Human Service Licensing

August 11, 2021

[REDACTED]
TLC ADULT CARE CENTER INC
9 RIO VISTA DRIVE
WEST NEWTON, PA 15089

RE: T.L.C. ADULT CARE CENTER
9 RIO VISTA DRIVE
WEST NEWTON, PA, 15089
LICENSE/COC#: 42820

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/23/2021, 06/24/2021, 04/27/2021, 04/28/2021, 04/29/2021, 05/04/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Jon Kimberland

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: *T.L.C. ADULT CARE CENTER* License #: *42820* License Expiration Date: *07/02/2021*
Address: *9 RIO VISTA DRIVE, WEST NEWTON, PA 15089*
County: *WESTMORELAND* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: *7248723000* Email: [REDACTED]

Legal Entity

Name: *TLC ADULT CARE CENTER INC*
Address: *9 RIO VISTA DRIVE, WEST NEWTON, PA, 15089*
Phone: *7248723000* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *01/23/1996* Issued By: *L & I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *32* Waking Staff: *24*

Inspection

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

Inspection Dates and Department Representative

04/23/2021 - On-Site: [REDACTED]
06/24/2021 - Off-Site: [REDACTED]
04/27/2021 - Off-Site: [REDACTED]
04/28/2021 - Off-Site: [REDACTED]
04/29/2021 - Off-Site: [REDACTED]
05/04/2021 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *30* Residents Served: *26*

Secured Dementia Care Unit

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

Hospice

Current Residents: *3*

Resident Demographic Data as of Inspection Dates (*continued*)

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 26

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 6

Have Physical Disability: 0

Inspections / Reviews

04/23/2021 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/14/2021*

7/13/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/15/2021*

7/28/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *08/02/2021*

8/6/2021 - Document Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *08/10/2021*

16c - Written Incident Report**1. Requirements**

2600.

- 16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 4/26/2021, staff interviews indicated from [REDACTED]/21 at [REDACTED] to approximately [REDACTED] on [REDACTED]/2021, direct care staff person A was the only staff person working in the home.

On [REDACTED]/21 at approximately [REDACTED], direct care staff person A heard a loud bang coming from direction of resident #1's room, while in the bedroom of a resident that had just CTB. At approximately [REDACTED] direct care staff person A entered resident #1's bedroom and found the resident lying on the fall mat from falling out of bed.

Direct care staff person A called staff person B [REDACTED] informing of a resident passing and that resident #1 had fallen out of bed. Direct care staff person A was the only staff working in home and was unable to assist the resident off the floor and needed the assistance of additional staff. Staff person B indicated [REDACTED] would call hospice for assistance. Direct care staff person A reported, at approximately [REDACTED] resident #2 had fallen out of bed.

At approximately [REDACTED], direct care staff person C arrived and immediately assisted direct care staff person A with putting resident #2 back into bed. Interviews indicated resident #2, laid on the floor for approximately 55 minutes, often unsupervised/unattended.

At approximately [REDACTED] on [REDACTED]/21, hospice nurse arrived going directly to resident #1's bedroom to find the resident still on the floor lying on [REDACTED] right side. The resident had been lying there for approximately 1 hour and 30 minutes, often unattended. The hospice nurse questioned why the resident was still on the floor when staff person B the administrator told [REDACTED] directly, "resident #1 had been put back in bed and needed [REDACTED] to assess the resident for injuries." Direct care staff person A replied: "No [REDACTED], I was the only one here and needed help, I can't lift the resident and requested help.". Resident #1 identified as a 2-person assist, had multiple skin tears on arms, elbows and hands, contusions on upper body and a hematoma on right elbow from previous falls and left leg medial calf that was not healing.

Direct care staff person A contacted [REDACTED] EMS. The hospice nurse notified the family and agreed resident #1 should be transported to the hospital for assessment of care needs and treatment.

16c - Written Incident Report (continued)

Plan of Correction**Accept**

Admin had staff meeting to discuss violations on 5/14/21. Admin [REDACTED] was the one who contacted family and asked for permission to be sent out for eval as resident was having issues for over a week and a half and worsening with behavior even with med changes. Hospice initiated. Family on board with all changing POC's. Agreement was to be sent out as needed crisis care to determine fast change in mental status and assure no injuries unable to assess without medical diagnostics. Staff person A was alone for a period of time due to someone sleeping in due to overworked hours from staff quitting over current pandemic. To avoid any future reoccurrence admin will assure if care needs change drastically that all health care teams on board will adhere to assuring safety of the resident. When any resident in future has the same issue will have documented 15 min checks during a crisis. All staff signed understanding at staff meeting. Admin responsible for incident reports and will in future send to DHS even when no noted injuries.

Completion Date: 05/14/2021

60a - Staff/Support Plan

1. Requirements

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

60a - Staff/Support Plan (continued)

Description of Violation

The home's April staffing schedule does not accurately reflect the "real time" staffing for the home. The home's staffing is inadequate to safely meet the supervision needs of the residents and in the event of an emergency, as follows:

On [REDACTED]/21, the home serves 26 residents, 6 of the residents are identified with mobility needs, to include resident #1 identified as needing a 2-person assistance for all transfers.

On [REDACTED]/21 to [REDACTED]/21, direct care staff person A and C were scheduled to work from 11:00 p.m. to 7:00 a.m. However, direct care staff person A was the only staff working in the home from 11:00 a.m. to approximately 12:28 a.m. and indicated the following incidents had occurred, during that time, to include:

- At approximately [REDACTED] a [REDACTED] resident had CTB.
- At approximately [REDACTED] resident #1 had fallen out of bed.
- At approximately [REDACTED] resident #2 had fallen out of bed.

Interviews indicated that resident #1 had laid on the floor for approximately 1 hour 30 minutes ([REDACTED] until a lift assist could be called.

Direct care staff person A indicated not being able to lift resident #2 from the floor without assistance of another staff. Resident #2 laid on the floor for approximately 55 minutes ([REDACTED]) until direct care staff C arrived at [REDACTED] and assisted.

Both residents were left unattended and unsupervised at times while on the floor.

On [REDACTED]/21, the April 2021 schedule indicated direct care staff person B and D were scheduled to start shift at 7:00 a.m. the home serves 26 residents, 6 of the residents are identified with mobility needs with approximately 2 residents identified as needing the assistance of 2-persons for transfers. However, from [REDACTED] to approximately [REDACTED], direct care staff person D was the only staff working in the home.

On 4/23/21, between the hours of approximately 5:00 p.m. to 7:00 p.m. interviews indicated direct care staff person E, had lifted resident #3 from [REDACTED] chair to transfer [REDACTED] in the living room, the resident was too heavy and had to put the resident onto the floor. Direct care staff person E indicated telling the resident, "I have to slide you to the floor you are too heavy." Stating, "I didn't drop the resident, I slid the resident to the floor." "There was no one else to ask, staff person B [REDACTED] was outside and doesn't help anyway."

Plan of Correction**Directed**

Employee person E No longer employed. Addressed staff meeting 4/30 to all staff regarding any resident with falls policy and procedures and assistance needed. In future to ensure no further violation will address all staff upon hire and have sign of awareness.

DIRECTED

Immediately: The administrator or designee shall review all resident assessments and support plans to determine the appropriate level of staffing needed to provide the appropriate care and services to each resident, including the appropriate level of staffing to evacuate all residents in the event of an emergency within the safe evacuation specified in writing by the home's fire safety expert. This person shall monitor the staffing schedule weekly to ensure the staffing levels are met to meet the resident's needs. 7/28/21 JK

Completion Date: 04/30/2021

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 4/23/21, bedroom #8 was occupied by two residents. However, there was only one chair present in the room.

Repeat Violation 3/10/2020

Plan of Correction

Directed

Bedroom chairs have been placed in the room to accommodate 2 residents as required by the regulation.

DIRECTED

Immediately: The administrator or designated staff person shall check all resident bedrooms weekly to ensure each resident has a chair for each resident that meets the resident's needs. 7/28/21 JK

Completion Date: 07/18/2021

101j7 - Lighting/Operable Lamp

1. Requirements

2600.

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

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Repeat Violation

On 4/23/21, there is no source of light that can be turned on/off from the bedside of resident #2 and #4.

Repeat Violation 3/10/2020

Plan of Correction

Directed

A bedside lamp has been placed on the nightstand/dresser next to the residents bed in accordance with the regulation.

DIRECTED

Immediately: The administrator or designated staff person shall check all resident bedrooms weekly to ensure each resident has an operable lamp or other source of lighting that can be turned on at bedside. 7/28/21 JK

Completion Date: 04/23/2021

141a - Medical Evaluation

1. Requirements

2600.

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

Description of Violation

Resident #1 was admitted [redacted]/21; however, no medical evaluation was completed.

141a - Medical Evaluation (continued)**Plan of Correction****Directed**

Admin will ensure medical eval completed prior to admission or within 30days per regulation to ensure no repeat violation.

DIRECTED

Immediately: Resident #1 shall have an in-person medical evaluation completed and documented on the Department's form. 7/28/21 JK

Immediately: The administrator or designated staff person shall review all resident records to ensure each resident has a current completed medial evaluation and the documentation is in the resident's record. 7/28/21 JK

Immediately: The administrator shall develop and implement a policy and procedures to ensure all new residents have a medical evaluation completed by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. 7/28/21 JK

Completion Date: 04/30/2021

142a - Secure Medical Care**1. Requirements**

2600.

- 142.a. The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan.

142a - Secure Medical Care (continued)

Description of Violation

On 4/26/2021, staff interviews indicated from [REDACTED]/21 at [REDACTED] to approximately [REDACTED] on [REDACTED]/2021, direct care staff person A was the only staff person working in the home.

On [REDACTED]/21 at approximately [REDACTED] direct care staff person A heard a loud bang coming from direction of resident #1's room, while in the bedroom of a resident that had just CTB. At approximately [REDACTED] direct care staff person A entered resident #1's bedroom and found the resident lying on the fall mat from falling out of bed.

Direct care staff person A called staff person B [REDACTED] informing of a resident passing and that resident #1 had fallen out of bed. Direct care staff person A was the only staff working in home and was unable to assist the resident off the floor and needed the assistance of additional staff. Staff person B indicated [REDACTED] would call hospice for assistance. Direct care staff person A reported, at approximately [REDACTED] resident #2 had fallen out of bed.

At approximately [REDACTED] direct care staff person C arrived and immediately assisted direct care staff person A with putting resident #2 back into bed. Interviews indicated resident #2, laid on the floor for approximately 55 minutes, often unsupervised/unattended.

At approximately [REDACTED] on [REDACTED]/21, hospice nurse arrived going directly to resident #1's bedroom to find the resident still on the floor lying on [REDACTED] right side. The resident had been lying there for approximately 1 hour and 30 minutes, often unattended. The hospice nurse questioned why the resident was still on the floor when staff person B [REDACTED] told [REDACTED] directly, "resident #1 had been put back in bed and needed [REDACTED] to assess the resident for injuries." Direct care staff person A replied: "No [REDACTED], I was the only one here and needed help, I can't lift the resident and requested help.". Resident #1 identified as a 2-person assist, had multiple skin tears on arms, elbows and hands, contusions on upper body and a hematoma on right elbow from previous falls and left leg medial calf that was not healing.

Direct care staff person A contacted [REDACTED] EMS. The hospice nurse notified the family and agreed resident #1 should be transported to the hospital for assessment of care needs and treatment. Between approximately [REDACTED] and [REDACTED] EMS arrived to assist with resident #1. At approximately [REDACTED] resident #1 transported to [REDACTED] Hospital Emergency Room.

Plan of Correction**Directed**

Admin had staff meeting on 04/30 to address policy and procedures for future occurrences of falling incidents. all signed for acknowledgment

DIRECTED

Immediately The administrator shall review and update the policy and procedures for providing medical care to any resident who's medical condition changes. All staff shall be educated on the policy and procedural changes. Documentation of education shall be kept. 7/28/21 JK

Immediately: The administrator or designee shall review all resident assessments and support plans to determine the appropriate level of staffing needed to provide the appropriate care and services to each resident, including the appropriate level of staffing to evacuate all residents in the event of an emergency within the safe evacuation specified in writing by the home's fire safety expert. This person shall monitor the staffing schedule weekly to ensure the staffing levels are met to meet the resident's needs. 7/28/21 JK

Completion Date: 04/30/2021

181c - Self-administration Assessment

1. Requirements

2600.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

According to multiple staff interviews, during the [REDACTED] shift, direct care staff F prepares resident #5's Tylenol in a medication cup, placing ion the bedside table, so the resident can take the next morning at 6:00 a.m. However, resident #5 has not been assessed by a physician, physician's assistant, or certified registered nurse practitioner regarding ability to self-administer and the need for reminders to take medications.

Plan of Correction

Directed

Admin received verbal from PCP 04/27 that resident able to self administer [REDACTED] tylenol daily in am at 6am. [REDACTED] is alert and oriented times 3 and has no memory issues. Has a locked area currently which it is stored in so no others have access. Documented on RASP.

DIRECTED

Immediately: The administrator shall obtain documentation form the physician as to the ability of #5 to self-administer medication. The documentation shall be maintained in the resident's record. 7/28/21 JK

Completion Date: 07/18/2021

183a - Original Containers and Injections

1. Requirements

2600.

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

Description of Violation

According to direct care staff person E, between March and April 2021, administered medications to resident #5, as well as, residents no longer in the home at approximately [REDACTED]. The medications were put in labeled med cups at approximately [REDACTED] and stored in the top drawer of the med cart.

Plan of Correction

Directed

All medications pulled by 7pm to be administered between 8pm and 9pm. Within timely requirement.

DIRECTED

Immediately: All staff persons shall be educated on the home's policy and procedures for medication administration and prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration. Assistance with insulin and epinephrine injections and sterile liquids shall be provided immediately upon removal of the medication from its container. Documentation of education shall be kept. 7/28/21 JK

Completion Date: 07/18/2021

185a - Implement Storage Procedures

1. Requirements

185a - Implement Storage Procedures (continued)

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 Repeat Violation

Resident #5 is prescribed Briviact 75mg tablet, take one tablet by mouth twice a day (8:00 a.m. and 8:00 p.m.) On 4/23/21, the narcotic count sheet indicated at 8:00 a.m., there were 39 tablets remaining. However, a count of the medication indicated there were 38 tablets remaining (bedtime 8:00 p.m. punch card contained 10 and the morning 8:00 a.m. punch card contained 28 - new card...none taken out.) On 4/23/21, the home did not conduct a narcotic count of the medication at the 7:00 a.m. shift change of staff leaving at 7:00 a.m. and staff coming on the daylight shift at 7:00 a.m.

The homes policy and procedures for medication administration and controlled medication count indicates:

- * The Administrator or designee and another staff member are to count the medication when it is delivered to ensure the correct medication, dose, and correct amount.*
- * When assisting with administration, the number shall be noted on the Controlled medications Record.*
- * Each shift will count the medication with the oncoming shift to ensure that all medication is accounted for.*
- * The Controlled Medication Record shall be used for the verification of the correct count.*

Repeat Violation 3/10/2020

Plan of Correction**Directed**

Admin reviewed with med techs at staff meeting 5/14 of importance of not assuming 30 pills delivered as sometimes 27-29. Found problem as only 29 delivered not 30 but was accounted as 30 making count off. All verbally agreed and signed understanding of importance of shift counts. This will allow for no further incidents in the future.

DIRECTED

Immediately: The administrator shall review the delivery and accountability of all medications monthly to ensure accuracy. 7/28/21 JK

Completion Date: 07/18/2021

187a - Medication Record**1. Requirements**

2600.

- 187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:
4. Strength.
 5. Dosage form.
 6. Dose.
 7. Route of administration.
 8. Frequency of administration.
 9. Administration times.
 12. Diagnosis or purpose for the medication, including pro re nata (PRN).
 13. Date and time of medication administration.
 14. Name and initials of the staff person administering the medication.

187a - Medication Record (continued)

Description of Violation

On 4/23/21, the home services 26 residents. All 26 residents are prescribed medications to be administered daily. However, the home does not have an April 2021, Medication Administration Record (MAR) to document the administration of the prescribed medications or the staff person that administered the medication to the residents. The April 2021 MAR has not been available in the home since, 4/5/21.

Plan of Correction**Accept**

Pharmacy took MARS to boot up system for EMARS. Currently have computer to start system but still not in place due to admin needs to attend training and no time secondary to employment issues. which are improving slowly. Admin will always keep MARS accessible for documentation so that violation will not reoccur. Received back 04/23 evening after inspection.

Completion Date: 04/23/2021

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

On 4/23/21, the home services 26 residents. All 26 residents were administered medication daily. However, the home has not had an April 2021 MAR to document the administration of the medication and who administered the medication since 4/5/2021.

Plan of Correction**Directed**

The MAR is to be kept on premises and accessible to med tech upon the administration of each residents prescribed medication.

DIRECTED

Immediately: The administrator shall develop and implement a policy and procedures to ensure the required documentation of medication administration. All staff shall be educated on the policy and procedures.

Documentation of education shall be kept. 7/28/21 JK

Completion Date: 07/18/2021

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

187d - Follow Prescriber's Orders (continued)

Description of Violation

Resident #1 was ordered a Comfort Care kit for through hospice on 4/18/21 and delivered at 5:00 p.m. on the same day. The resident was prescribed

- 10 -Morphine -1ml syringes- As needed for severe pain and shortness of breath.
- 10- Morphine- 0.5 ml syringes – for moderate pain and shortness of breath as needed.
- Lorazepam 1mg (Ativan)

However, documentation and staff interviews indicated the following on 4/18/21, "Comfort kit in facility, med tech/direct care staff person F, refused to administer the medication to resident #1, until this hospice RN called staff person B and administrator to ok the administration of the morphine." The hospice RN also noted: "Direct care staff person F stated to the hospice RN, "the home's policy is narcotics are not to be opened unless they are ok'd by staff person B [REDACTED]. Staff person B [REDACTED] does not want morphine administered at this time."

The home did not follow the prescriber's orders and administer any of the prescribed pain medication, even though resident #1 was showing signs of pain by yelling out and facial grimacing with the leg wound.

Plan of Correction**Accept**

Staff person B [REDACTED] who is following the direction of the hospice physician and upon order to administer "comfort medication" will do so immediately. Staff has been advised of this and educated on 04/30/21 to follow the aforementioned procedure.

Completion Date: 07/18/2021

190a - Completion Medication Course

1. Requirements

2600.

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

Description of Violation

Direct care staff person A has not successfully completed a Department-approved medications administration course or passed the Department's performance-based competency test. However, staff person A has administered medications to the residents in the home on multiple dates, to include on 4/23/21 at 8:00 p.m., direct care staff person A working 7:00 a.m. to 7:00 p.m., administered medications to the following residents, to include: residents, #4, #6, #7 #8, and #9.

Direct care staff person C has not successfully completed a Department-approved medications administration course or passed the Department's performance-based competency test: However, staff person C, has administered medications on multiple dates in April at 8:00 p.m., to residents in the home, to include resident #3 and #7 during the 7:00 p.m. to 7:00 a.m. shift.

Plan of Correction**Accept**

Moving forward to avoid a reoccurrence the admin will ensure all who pass medication are trained through the departments course. There wasn't any course available during pandemic. If so did not receive email.

Completion Date: 07/18/2021

225a - Assessment 15 Days

1. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #12 has a diagnosis of [REDACTED] and is assessed with having minimal care needs for supervision. The support plan dated, 3/8/21 indicates "the resident does not wander except when looking for a restroom and forgets where [REDACTED] is once out in hall. Has a few times wandered into another resident room but very redirectable always looking for food, soda or a restroom. Has gone into kitchen fridge and helped self. Staff to redirect to time of day and most tasks."

However, according to staff interviews, resident #12 does wander and is often found attempting to or has opened exit doors to look for a bathroom. According to interviews, the resident was found by staff during the overnight shift in the kitchen going out the exit door to find a bathroom. Staff indicated the resident is very quiet and did not know [REDACTED] was up. The resident was easily redirected however, a few seconds more and the resident would have exited the building without staff knowledge. The home has a creek and railroad tracks in close proximity. The support plan does not adequately address the resident's supervision needs.

Plan of Correction**Directed**

TLC does not accept residents who are potential flight risks due to river and railroad tracks. All staff notified at staff meeting 05/28 of POC

DIRECTED

Immediately: Resident #12 shall have a new assessment completed. If the home is not capable of meeting the resident's needs the home shall initiate the discharge of the resident. 7/28/21 JK

Immediately: The administrator or designated staff person shall review all current and newly completed resident assessment for accuracy and completeness. 7/28/21 JK

Completion Date: 07/18/2021

227i - Support Plan Accessible

1. Requirements

2600.

227.i. The support plan shall be accessible by direct care staff persons at all times.

Description of Violation

According to multiple interviews, staff do not have access to the resident support plans. Staff person B [REDACTED] indicated the resident records are stored in the administrator's office. However, the records are not always accessible in the home because the administrator takes the records home.

227i - Support Plan Accessible (*continued*)**Plan of Correction****Accept**

Admin does take home occasionally to finish work not able to complete while at facility especially over last year and a half. Starting with new admissions resident RASPS will be in a binder in locked area for all staff to access at any time.

Completion Date: 05/31/2021