Department of Human Services
Bureau of Human Service Licensing

June 1, 2021

[redacted] ADMINISTRATOR
HEATHERWOOD RETIREMENT INVESTORS LLC
3570 KEITH STREET NW
ATTN: TERESA THIGPEN
CLEVELAND, TN 37312

RE: HEATHERWOOD RETIREMENT COMMUNITY
3180 HORSESHOE PIKE
HONEY BROOK, PA, 19344
LICENSE/COC#: 10455

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/26/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Shawn Parker

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *HEATHERWOOD RETIREMENT COMMUNITY* **Licen e #**: *10455* **Licen e Expiration Date**: *06/03/2021*
Addre : *3180 HORSESHOE PIKE, HONEY BROOK, PA 19344*
County: *CHESTER* **Region**: *SOUTHEAST*

Administrator

Name: **Phone**: *6102739301* **Email**:

Legal Entity

Name: *HEATHERWOOD RETIREMENT INVESTORS LLC*
Address: *3570 KEITH STREET NW, ATTN: TERESA THIGPEN, CLEVELAND, TN, 37312*
Phone: *6102739301* **Email**:

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *12/31/1984* **Issued By**: *Dept of L&I*

Staffing Hours

Re ident Support Staff: *0* **Total Daily Staff**: *53* **Waking Staff**: *40*

Inspection

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:
Reason: *Renewal* **Exit Conference Date**: *04/26/2021*

Inspection Dates and Department Representative

04/26/2021 - On-Site:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *50* **Residents Served**: *33*

Secured Dementia Care Unit

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

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *33*
Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*
Have Mobility Need: *20* **Have Physical Disability**: *0*

Inspections / Reviews

04/26/2021 - Full

Lead In pector: [redacted] **Follow Up Type:** *POC Submission* **Follow-Up Date:** *05/17/2021*

5/18/2021 POC Submi ion

Lead Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *05/28/2021*

6/1/2021 - Document Submission

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

57b - 1 Hour/Day

1. **Requirements**

2600.
57.b. Direct care staff persons shall be available to provide at least 1 hour per day of personal care services to each mobile resident.

Description of Repeat Violation

On 4/18/21, there were 33 residents in the home, requiring a minimum of 53 hours of direct care service. On this day, only 40.5 hours of direct care staffing was provided.

On 4/20/21, there were 33 residents in the home, requiring a minimum of 53 hours of direct care service. On this day, only 42.75 hours of direct care staffing was provided.

On 4/24/21, there were 33 residents in the home, requiring a minimum of 53 hours of direct care service. On this day, only 36 hours of direct care staffing was provided.

Plan of Correction **Accept**

On 4/24/21, immediately leadership staff were added to the schedule to meet compliance standards for PCH. Additional staffing agencies were contracted to ensure availability of direct care staff to meet regulatory compliance. Also, hiring efforts were increased including shift differentials, pick up shift bonuses and sign-on bonuses. Community states compliance with staffing ratios effective 5/1/2021. For a 3-month period, Executive Director will monitor schedule and audit timecards to ensure compliance with staffing ratios. Open positions and weekly shift openings will be discussed daily in morning meeting. Also, the Resident Care Director will submit a copy of the monthly direct care staffing schedule to the Executive Director by the 23rd of each month for the following month. Monthly QMPI audits will be conducted and reviewed in the Quarterly QMPI by the Executive Director.

Completion Date: *05/01/2021*

Document Submission **Implemented**

As of 5/1/2021, community was in compliance with staffing ratios. Please view the attached daily audit tool. Executive Director is monitoring the schedule and auditing time cards to ensure compliance with staffing ratios and waking hours staff model per regulations. Open positions and weekly shift openings are discussed daily in morning meeting. The next month's staffing schedule is reviewed by the ED & RCD by the 23rd of each month. Monthly QMPI audits will be conducted and reviewed in the Quarterly QMPI by the Executive Director.

57d - Waking Hours

1. **Requirements**

2600.
57.d. At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.

Description of Repeat Violation

On 4/18/21, a total of 53 hours of direct care was required. However, only 27.75 of the required hours, or 52 percent, were provided during waking hours.

On 4/20/21, a total of 53 hours of direct care was required. However, only 30 of the required hours, or 57 percent, were provided during waking hours.

On 4/24/21, a total of 53 hours of direct care was required. However, only 28.5 of the required hours, or 54 percent, were provided during waking hours.

57d - Waking Hours *(continued)*

Plan of Correction **Accept**

Community states compliance with staffing ratios effective 5/1/2021. For a 3-month period, Executive Director will monitor schedule and audit timecards to ensure compliance with staffing ratios ensuring waking hours staff model is compliant with regulations. Open positions and weekly shift openings will be discussed daily in morning meeting. Also, the Resident Care Director or their designee will submit a copy of the monthly direct care staffing schedule to the Executive Director by the 23rd of each month for the following month. Monthly QMPI audits will be conducted and reviewed in the Quarterly QMPI by the Executive Director.

Completion Date: *05/01/2021*

Document Submission **Implemented**

As of 5/1/2021, community was in compliance with staffing ratios. Please view the attached daily audit tool. Executive Director is monitoring the schedule and auditing time cards to ensure compliance with staffing ratios and waking hours staff model per regulations. Open positions and weekly shift openings are discussed daily in morning meeting. The next month's staffing schedule is reviewed by the ED & RCD by the 23rd of each month. Monthly QMPI audits will be conducted and reviewed in the Quarterly QMPI by the Executive Director.

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 4/26/21 at 10:15AM, there was an uncovered, unattended trash can in the building A kitchen.
On 4/26/21 at 3:00PM, there was a full uncovered, unattended trash can in the Main kitchen by the dishwasher.

Plan of Correction **Accept**

Community states compliance with all trash receptacles effective 5/13/2021. New trash can lids were purchased and nstalled in areas where they were previously missing. Staff were educated on the use of trash can lids. The Dining Service Directors and the chefs have the responsibility of monitoring compliance and re-educating staff as needed. The audit schedule will be as follows: daily audits for 7 days, weekly audits for 3 weeks and twice a month for one month. All new employees will be educated during New Hire Orientation about this regulation. Monthly QMPI audits will be conducted and reviewed in the Quarterly QMPI by the Executive Director.

Completion Date: *05/13/2021*

Document Submission **Implemented**

New trash can lids and/or trash cans were purchased and installed by 5/13/2021 in the community; see attached purchase orders. Staff education was conducted on 5/13/2021; see attached in-service sheets. Trash receptacle audit s being completed per the schedule indicated on the POC; see attached audit tool. Monthly QMPI audits will be conducted and reviewed in the Quarterly QMPI by the Executive Director.

89b - Hot Water Temperature

1. **Requirements**

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

89b - Hot Water Temperature *(continued)*

Description of Violation

On 4/26/21 at 3:40PM, the hot water temperature at the Room [redacted] measured 128 degrees Fahrenheit.
On 4/26/21 at 3:45PM, the hot water temperature at the Room [redacted] measured 123 degrees Fahrenheit.
On 4/26/21 at 3:50PM, the hot water temperature at the Room [redacted] measured 126 degrees Fahrenheit.

Plan of Correction **Accept**

On 5/10/2021, a 100% audit of water temperatures in resident rooms and common areas was completed. There were 9 temperatures that were out of compliance. Due to this, the Maintenance Director immediately adjusted the water heaters. On 5/11/2021, a second audit of the non-compliant temperatures was completed and all were in compliance. Maintenance Director or their designee will audit water temperatures weekly for one month to ensure compliance. Monthly QMPI audits will be conducted and reviewed in the Quarterly QMPI by the Executive Director. TELS reports will be reviewed weekly by the Executive Director with the Maintenance Director or designee to ensure compliance in these areas.

Completion Date: *05/11/2021*

Document Submission **Implemented**

On 5/10/2021, a 100% audit of water temperatures in resident rooms and common areas was completed. There were 9 temperatures that were out of compliance. Due to this, the Maintenance Director immediately adjusted the water heaters. On 5/11/2021, a second audit of the non-compliant temperatures was completed and all were compliant. Maintenance Director or their designee conducted water temperatures weekly for one month to ensure compliance. Please see the attached water temperature audit & also the logbook from Direct Supply TELS. Monthly QMPI audits will be conducted and reviewed in the Quarterly QMPI by the Executive Director. TELS reports will be reviewed weekly by the Executive Director with the Maintenance Director or designee to ensure compliance in these areas.

91 - Telephone Numbers

1. **Requirements**

2600.

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

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in the Building A Kitchen.

Plan of Correction **Accept**

nitial correction was completed on all telephones 4/26/2021. Improved stickers are being created and will be nstalled by 5/21/2021. All telephones will be audited by the Business Office Director or their designee monthly for 3 months. Monthly QMPI audits will be conducted and reviewed in the Quarterly QMPI by the Executive Director.

Completion Date: *04/26/2021*

Document Submission **Implemented**

nitial correction was completed on all telephones 4/26/2021. Enhanced stickers were created and installed on all phones by 5/21/2021. All telephones will be audited by the Business Office Director or their designee monthly for 3 months. See the attached Telephones Monthly Audit Tool. Monthly QMPI audits will be conducted and reviewed in the Quarterly QMPI by the Executive Director.

97 -

101j7 - Lighting/Operable Lamp

1. **Requirements**

2600.

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

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

Description of Violation

Resident room does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction **Accept**

Room light access was corrected immediately on 4/26/2021. On 5/12/2021, a 100% audit of all resident apartments was completed with 3 missing lights. All light deficiencies in resident apartments will be in compliant by 5/21/2021. Upon admission, residents will be educated by the Sales Director or their designee of the regulation regarding lighting/operable lamps. Monthly QMPI audits will be conducted and reviewed in the Quarterly QMPI by the Executive Director.

Completion Date: *05/21/2021*

101j7 - Lighting/Operable Lamp *(continued)*

Document Submission **Implemented**

Room [redacted] light access was corrected immediately on 4/26/2021. On 5/12/2021, a 100% audit of all resident apartments was completed with 3 missing lights. See the attached light audit for all resident rooms. All light deficiencies in resident apartments were corrected by 5/21/2021. Upon admission, residents will be educated by the Sales Director or their designee of the regulation regarding lighting/operable lamps. Monthly QMPI audits will be conducted and reviewed in the Quarterly QMPI by the Executive Director.

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 4/26/21 at 3:23PM the temperature in the main kitchen ice cream freezer was 8 degrees Fahrenheit.

Plan of Correction **Accept**

On 4/26/2021, the main kitchen ice cream freezer was taken out of service. A replacement freezer was requested from the vendor and was installed on 5/13/2021. All refrigerator/freezer temps are monitored daily and temp logs will be submitted to the Executive Director monthly for the next 3 months to ensure compliance. Monthly QMPI audits will be conducted and reviewed in the Quarterly QMPI by the Executive Director.

Completion Date: *05/13/2021*

Document Submission **Implemented**

On 4/26/2021, the main kitchen ice cream freezer was taken out of service. A replacement freezer was requested from the vendor and was installed on 5/13/2021. All refrigerator/freezer temps are monitored daily and temp logs will be submitted to the Executive Director monthly for the next 3 months to ensure compliance. Attached please find temperature logs for freezers and refrigerator. Monthly QMPI audits will be conducted and reviewed in the Quarterly QMPI by the Executive Director.

103i - Outdated Food

1. **Requirements**

2600.
103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

On 4/26/21 at 3:00PM in the main kitchen dry storage area, there was a box of Newman's Own french salad dressing packets that expired on 4/1/21.
On 4/26/21 at 3:00PM in the main kitchen, there was a bag of Dutch Country potato hot dog rolls opened and expired on 4/20/21.

Plan of Correction **Accept**

Between 5/5 and 5/12/2021, all foods in the dry storage areas including the bread have been audited for freshness and verification of expiration dates. The Dining Service Director or designee will audit the dry storage areas weekly for 4 weeks and then monthly for 2 months. Staff will be educated when pulling food to check the expiration date as an additional verification. Monthly QMPI audits will be conducted and reviewed in the Quarterly QMPI by the Executive Director.

Completion Date: *05/12/2021*

103i - Outdated Food *(continued)*

Document Submission **Implemented**

Between 5/5 and 5/12/2021, all foods in the dry storage areas including the bread were audited for freshness and erification of expiration dates. The Dining Service Director or designee will audit the dry storage areas weekly for 4 weeks and then monthly for 2 months. See attached audit tools. On 5/13/2021, staff were educated when pulling food to check the expiration date as an additional verification. See attached in-service log. Monthly QMPI audits will be conducted and reviewed in the Quarterly QMPI by the Executive Director.

105g - Lint Removal and Duct Cleaning

1. **Requirements**

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 4/26/21 at 10:15AM lint was accumulated in an unused dryer of the laundry room. There were no clothes in the dryer at the time.

Plan of Correction **Accept**

On 4/26/2021, lint was removed and cleaned immediately. Staff was educated on lint removal between all loads of aundry. Additional reminder signs were placed on each dryer. A lint check sign-off sheet will be implemented and all staff in-serviced again by 5/21/2021. Monthly QMPI audits will be conducted and reviewed in the Quarterly QMPI by the Executive Director. TELS reports will be reviewed weekly by the Executive Director with the Maintenance Director or designee to ensure compliance in these areas.

Completion Date: *05/21/2021*

Document Submission **Implemented**

On 4/26/2021, lint was removed and cleaned immediately. Staff was immediately educated on lint removal between all loads of laundry. Additional reminder signs were placed on each dryer. Please see the attached form. A dryer lint check sign-off sheet was implemented and all staff were in-serviced by 5/21/2021. See the attached dryer lint sign off sheet. Monthly QMPI audits will be conducted and reviewed in the Quarterly QMPI by the Executive Director. Additionally, Kensol Airways was contracted to professional clean the dryer vents for all units. Pleas see the attached nvoice. TELS reports will be reviewed weekly by the Executive Director with the Maintenance Director or designee to ensure compliance in these areas.

107d - Procedure Emergency Management Agency Submission

1. **Requirements**

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home's written emergency procedures have not been submitted to the local emergency management agency since 10/5/18.

107d - Procedure Emergency Management Agency Submission *(continued)*

Plan of Correction **Accept**

The home's written emergency procedures will be submitted by 6/15/2021 to the local emergency management agency. Monthly QMPI audits will be conducted and reviewed in the Quarterly QMPI by the Executive Director.

Completion Date: *06/15/2021*

Document Submission **Implemented**

The home's written emergency procedures was submitted via certified return receipt mail to the Chester County Department of Emergency Services on 5/28/2021. See attached letter, return receipt stub and post office receipt. Monthly QMPI audits will be conducted and reviewed in the Quarterly QMPI by the Executive Director.

131f - Fire Extinguisher Inspection

1. **Requirements**

2600.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

The fire extinguisher in A1 North and A1 South have not been inspected by a fire safety expert since 3/2020.

Plan of Correction **Accept**

On 4/26/2021, the replacement fire extinguishers were already on order with [redacted] Equipment arrived and was installed by [redacted] on 5/5/2021. Monthly QMPI audits will be conducted and reviewed in the Quarterly QMPI by the Executive Director. TELS reports will be reviewed weekly by the Executive Director with the Maintenance Director or designee to ensure compliance in these areas.

Completion Date: *05/05/2021*

Document Submission **Implemented**

On 4/26/2021, the replacement fire extinguishers were already on order with [redacted] Equipment arrived and was installed by [redacted] on 5/5/2021. See attached completed work order. Monthly QMPI audits will be conducted and reviewed in the Quarterly QMPI by the Executive Director. TELS reports will be reviewed weekly by the Executive Director with the Maintenance Director or designee to ensure compliance in these areas.

132b - Safety Inspection/Fire Drill

1. **Requirements**

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert sha l be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The last fire safety inspection observed by a fire safety expert was conducted on 11/8/18.

Plan of Correction **Accept**

Documentation was found substantiating that a Safety Inspection/Fire Drill/Evacuation by a Fire Safety Expert ([redacted]) was conducted on 11/7/2019. Please see the attached documentation. Monthly QMPI audits will be conducted and reviewed in the Quarterly QMPI by the Executive Director. TELS reports will be reviewed weekly by the Executive Director with the Maintenance Director or designee to ensure compliance in these areas.

Completion Date: *04/28/2021*

132b - Safety Inspection/Fire Drill *(continued)*

Document Submission **Implemented**

Documentation was found substantiating that a Safety Inspection/Fire Drill/Evacuation by a Fire Safety Expert [redacted] - [redacted]) was conducted on 11/7/2019. Please see the attached documentation from [redacted]. Additionally, the community has retained the services of [redacted], Fire Safety Expert, with Fire & Life Safety Solutions, LLC. [redacted] completed [redacted] initial walk-through of the community on 5/25/2021. Fire Safety Solutions will conducted additional training and fire/evacuation drills with the community. Monthly QMPI audits will be conducted and reviewed in the Quarterly QMPI by the Executive Director. TELS reports will be reviewed weekly by the Executive Director with the Maintenance Director or designee to ensure compliance in these areas.

132d - Evacuation

1. **Requirements**

2600.
132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The home does not have a maximum safe evacuation time specified in writing within the past year by a fire safety expert. The home exceeded an evacuation time of 2 minutes 30 seconds during the following drills:
2/28/20 – 10 minutes
1/24/2020 – 8 minutes
12/23/20 – 9 minutes
11/7/19 – 10 minutes
10/24/19 – 6 minutes
9/23/19 – 9 minutes

Plan of Correction **Accept**

Documentation was found substantiating that a Safety Inspection/Fire Drill/Evacuation by a Fire Safety Expert [redacted]) was conducted on 11/7/2019. Please see the attached documentation for the details. Monthly QMPI audits will be conducted and reviewed in the Quarterly QMPI by the Executive Director. TELS reports will be reviewed weekly by the Executive Director with the Maintenance Director or designee to ensure compliance.

Completion Date: *04/28/2021*

Document Submission **Implemented**

Documentation was found substantiating that a Safety Inspection/Fire Drill/Evacuation by a Fire Safety Expert [redacted] was conducted on 11/7/2019. Please see the attached documentation from [redacted]. Additionally, the community has retained the services of [redacted], Fire Safety Expert, with Fire & Life Safety Solutions, LLC. [redacted] completed [redacted] initial walk-through of the community on 5/25/2021. Fire Safety Solutions will conducted additional training and fire/evacuation drills with the community. Monthly QMPI audits will be conducted and reviewed in the Quarterly QMPI by the Executive Director. TELS reports will be reviewed weekly by the Executive Director with the Maintenance Director or designee to ensure compliance in these areas.

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.

183d - Prescription Current *(continued)*

Description of Repeat Violation

The medication cart contained Loperamide HCL 2MG Cap for Resident #1, however it is no longer prescribed.
The medication cart contained Triamcinolone Ointment apply to arms as needed for Rash for Resident #1, however it is no longer prescribed.
The medication cart contained Vitamin D 5000IU take 1-tab weekly for 8 weeks for resident #3, however it is no longer prescribed.

Plan of Correction **Accept**

A 100% MAR to cart audit was completed on 5/4/2021 by Omnicare. Omnicare will conduct 2 additional audits in June and July 2021. The Resident Care Director (RCD) will conduct quarterly audits to ensure compliance. All clinical staff will be educated on medication disposition by 5/21/2021. MedTech re-education will be completed by the Med Tech trainer with each Med Tech by 6/1. Med Tech observations will be completed on all Med Tech staff after the education and no later than 6/15. A repeat observation on all Med Techs will be completed again by July 31st. All new Med Techs will have a Med Tech observation on hire and at 30/60/90 days to ensure competency. Monthly QMPI audits will be conducted and reviewed in the Quarterly QMPI by the Executive Director.

Completion Date: *06/15/2021*

Document Submission **Implemented**

A 100% MAR to cart audit was completed on 5/4/2021 by Omnicare. Omnicare will conduct 2 additional audits in June and July 2021. The Resident Care Director (RCD) will conduct quarterly audits to ensure compliance. All clinical staff was educated on medication disposition on or before 5/21/2021. Please see attached in-service documentation. Med Tech re-education will be completed by the Med Tech trainer with each Med Tech by 6/1. Med Tech observations will be completed on all Med Tech staff after the education and no later than 6/15. A repeat observation on all Med Techs will be completed again by July 31st. All new Med Techs will have a Med Tech observation on hire and at 30/60/90 days to ensure competency. Monthly QMPI audits will be conducted and reviewed in the Quarterly QMPI by the Executive Director.

184a - Labeling OTC/CAM

1. **Requirements**

2600.
184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
   1. The resident's name.
   2. The name of the medication.
   3. The date the prescription was issued.
   4. The prescribed dosage and instructions for administration.
   5. The name and title of the prescriber.

Description of Violation

Resident #1's Famotidine Tablet Medication Administration Record (MAR) reads 40 give 1 tablet by mouth one time a day, while the medication label reads 20MG take 2 tablets daily.
Resident #1's Tylenol Extra Strength tablet 500mg MAR reads give 1 tablet by mouth two times a day, while the medication label reads take 2 tablets by mouth every 8 hours as needed.
Resident #1's Tussin DM liquid 20-200MG/10ML MAR reads give 5ml by mouth every 12 hours as needed, while the label reads give twice a day as needed.
Resident #2's Albuterol Sulfate HFA 90MCG MAR reads 2 puff inhale orally three times a day while the medication label reads 2 puff inhale four times a day as needed.

184a - Labeling OTC/CAM *(continued)*

Plan of Correction **Accept**

A 100% MAR to cart audit was completed on 5/4/2021 by Omnicare. Omnicare will conduct 2 additional audits in June and July 2021. All clinical staff will be educated on receipt of medications and ensure the order and directions match. The Resident Care Director (RCD) will be notified of any discrepancies. RCD or designee to verify all new orders match medication labels on admission and random monthly checks x3 on current resident orders. All clinical staff will be educated on Labeling OTC/CAM by 5/21/2021. RCD or designee will have order/label clarifications for medications listed in the violation by the prescriber by 5/21/21. Med Tech re-education will be completed by the Med Tech trainer with each Med Tech by 6/1. Med Tech observations will be completed on all Med Tech staff after the education and no later than 6/15. A repeat observation on all Med Techs will be completed again by July 31st. All new Med Techs will have a Med Tech observation on hire and at 30/60/90 days to ensure competency. Monthly QMPI audits will be conducted and reviewed in the Quarterly QMPI by the Executive Director.

Completion Date: *06/15/2021*

Document Submission **Implemented**

A 100% MAR to cart audit was completed on 5/4/2021 by Omnicare. Omnicare will conduct 2 additional audits in June and July 2021. All clinical staff was educated on receipt of medications and ensuring the order and directions match on or before 5/21/2021. The Resident Care Director (RCD) will be notified of any discrepancies. RCD or designee to verify all new orders match medication labels on admission and random monthly checks x3 on current resident orders. All clinical staff will be educated on Labeling OTC/CAM by 5/21/2021. RCD or designee will have order/label clarifications for medications listed in the violation by the prescriber by 5/21/21. Med Tech re-education will be completed by the Med Tech trainer with each Med Tech by 6/1. Med Tech observations will be completed on all Med Tech staff after the education and no later than 6/15. A repeat observation on all Med Techs will be completed again by July 31st. All new Med Techs will have a Med Tech observation on hire and at 30/60/90 days to ensure competency. Monthly QMPI audits will be conducted and reviewed in the Quarterly QMPI by the Executive Director.

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.

185a - Implement Storage Procedures *(continued)*

Description of Repeat Violation

The Glucometer reading for Resident #1 on 4/24/21 at 7:30AM was 138 but was documented in the Medication Administration Record as 136.
The Glucometer reading for Resident #1 on 4/20/21 at 11:00AM was 169 but was documented in the Medication Administration Record as 156
The Glucometer reading for Resident #1 on 4/15/21 at 7:30AM was 117 but was documented in the Medication Administration Record as 119
The Glucometer reading for Resident #1 on 4/14/21 at 4:00PM was 113 but was documented in the Medication Administration Record as 114
The Glucometer reading for Resident #1 on 4/13/21 at 11:00AM was 197 but was documented in the Medication Administration Record as 190

Resident #1 is prescribed the following PRN medications that were not available in the home on 4/26/21: Acetaminophen Tablet 325mg give 2 tablets by mouth every 4 hours as needed, Dulcolax Suppository 10MG insert 1 suppository rectally as needed, Fleet Enema 7-19Gm/118ML insert 1 application rectally as needed, and Glutose 15 Gel 40% give 1 application by mouth as needed.

The Glucometer reading for Resident #2 on 4/20/21 at 7:30AM was 152 but was documented in the Medication Administration Record as 151.
Resident #2 is prescribed the following PRN medications that were not available in the home on 4/26/21: Dulcolax 10mg insert 1 suppository rectally every 72 hours as needed, Polyethylene Glycol 3350 outer 17gm powd pack give 17 grams orally every 24hours as needed, and Trueplus Glucose gluten free 4gm tab give 4 tablets orally every 24 hours as needed.

Plan of Correction **Accept**

Resident Care Director (RCD) or designee will conduct glucometer checks for accuracy between the glucometer and the MAR daily for 7 days for all monitored residents and weekly x3 months. If any discrepancy is found, staff will be re-educated. All glucometers will be placed in a locked drawer in the resident's room with supplies to ensure clinical staff use individualized equipment. Staff education and change of glucometer location will be completed by 5/28/2021. A MAR to Cart audit to ensure all ordered medications are present was completed on 5/4/2021 by Omnicare. Audits will be completed monthly x2 by Omnicare and quarterly audits completed by the RCD or Designee. Education to all clinical staff to ensure understanding of the process of receiving medications for new orders and re-order process will be completed by 5/21/2021. For listed violations, employees who documented meds given when not present will receive corrective action. Medication error reports will be completed for the violations. Med Tech re-education will be completed by the Med Tech trainer with each Med Tech by 6/1. Med Tech observations will be completed on all Med Tech staff after the education and no later than 6/15. A repeat observation on all Med Techs will be completed again by July 31st. All new Med Techs will have a Med Tech observation on hire and at 30/60/90 days to ensure competency. Monthly QMPI audits will be conducted and reviewed in the Quarterly QMPI by the Executive Director.

Completion Date: *06/15/2021*

185a - Implement Storage Procedures *(continued)*

Document Submission **Implemented**

Resident Care Director (RCD) or designee has conducted glucometer checks for accuracy between the glucometer and the MAR daily for 7 days (5/21 - 5/27) for all monitored residents. See attached Audit Tool. If any discrepancy is found, staff will be re-educated and/or disciplined. Due to multiple errors in the audit results, the audit will continue on a daily basis until 6/15/21 or overall accuracy is achieved. Then, the audit will continue weekly x3 months. All glucometers will be placed in a locked drawer in the resident's room with supplies to ensure c inical staff use ndividualized equipment. Additionally, new glucometers were ordered for all residents who require them. See attached purchase order. Staff education and change of glucometer location will be completed by 5/28/2021. A MAR to Cart audit to ensure all ordered medications are present was completed on 5/4/2021 by Omnicare. Audits will be completed monthly x2 by Omnicare and quarterly audits completed by the RCD or Designee. Education to all clinical staff to ensure understanding of the process of receiving medications for new orders and re-order process will be completed by 5/21/2021. For listed violations, employees who documented meds given when not present received corrective action. Medication error reports were completed for the violations. Med Tech re-education will be completed by the Med Tech trainer with each Med Tech by 6/1. Med Tech observations will be completed on all Med Tech staff after the education and no later than 6/15. A repeat observation on all Med Techs will be completed again by July 31st. All new Med Techs will have a Med Tech observation on hire and at 30/60/90 days to ensure competency. Monthly QMPI audits will be conducted and reviewed in the Quarterly QMPI by the Executive Director.

187a - Medication Record

1. **Requirements**

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
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

Resident #1's Medication Administration Record documented a glucometer reading of 116 on 4/12/21 at 7:30AM and no insulin administered however the reading was not on the glucometer. There were no other readings on the glucometer at that time.
Resident #2 is prescribed Tamsulosin HCL .4MG capsule give 1 capsule by mouth one time a day. However, on 4/26/21 this medication was not available in the home. This medication was documented as administered on 4/26/21.
Resident #2 is prescribed Dorzolamide HCL 2% drops Instill 1 drop in both eyes two times a day. However, on 4/26/21 this medication was not available in the home. This medication was documented as administered on 4/26/21.
Resident #2's Medication Administration Record documented a glucometer reading of 250 on 4/22/21 at 4:00PM however the reading was not on the glucometer. There were no other readings on the glucometer at that time.

Plan of Correction **Accept**

A MAR to Cart audit to ensure all ordered medications are present was completed on 5/4/2021 by Omnicare. Audits will be completed monthly x2 by Omnicare and quarterly audits completed by the RCD or Designee. Education to all clinical staff to ensure understanding of the process of receiving medications for new orders and re-order process will be completed by 5/21/2021. For listed violations, employees who documented meds given when not present will receive corrective action. Medication error reports will be completed for the violations. Med Tech re-education will be completed by the Med Tech trainer with each Med Tech by 6/1. Med Tech observations will be completed on all Med Tech staff after the education and no later than 6/15. A repeat observation on all Med Techs will be completed again by July 31st. All new Med Techs will have a Med Tech observation on hire and at 30/60/90 days to ensure competency. Monthly QMPI audits will be conducted and reviewed in the Quarterly QMPI by the Executive Director.

Completion Date: *06/15/2021*

Document Submission **Implemented**

A MAR to Cart audit to ensure all ordered medications are present was completed on 5/4/2021 by Omnicare. Audits will be completed monthly x2 by Omnicare and quarterly audits completed by the RCD or Designee. Education to all clinical staff to ensure understanding of the process of receiving medications for new orders and re-order process was completed by 5/21/2021. See attached in-service documents. For listed violations, employees who documented meds given when not present received corrective action. Medication error reports were completed for the violations. Med Tech re-education will be completed by the Med Tech trainer with each Med Tech by 6/1. Med Tech observations will be completed on all Med Tech staff after the education and no later than 6/15. A repeat observation on all Med Techs will be completed again by July 31st. All new Med Techs will have a Med Tech observation on hire and at 30/60/90 days to ensure competency. Monthly QMPI audits will be conducted and reviewed in the Quarterly QMPI by the Executive Director.

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 Repeat Violation

Resident #1 is prescribed Cholecalciferol Tablet Give 1 tablet by mouth one time a day for vitamin supplement-Vitamin D-3y. However, this medication was not available.
Resident #1's Medication Administration Record indicated a glucometer reading of 116 on 4/12/21 at 7:30AM and no insulin administered however the reading was not on the glucometer. There were no other readings on the glucometer at that time
Resident #2 is prescribed Tamsulosin HCL .4MG capsule give 1 capsule by mouth one time a day. However, on 4/26/21 this medication was not available in the home. This medication was documented as administered on 4/26/21.
Resident #2 is prescribed Dorzolamide HCL 2% drops Instill 1 drop in both eyes two times a day. However, on 4/26/21 this medication was not available in the home. This medication was documented as administered on 4/26/21.
Resident #2's Medication Administration Record documented a glucometer reading of 250 on 4/22/21 at 4:00PM however the reading was not on the glucometer. There were no other readings on the glucometer at that time.

Plan of Correction **Accept**

A MAR to Cart audit to ensure all ordered medications are present was completed on 5/4/2021 by Omnicare. Audits will be completed monthly x2 by Omnicare and quarterly audits completed by the RCD or Designee. Education to all clinical staff to ensure understanding of the process of receiving medications for new orders and re-order process will be completed by 5/21/2021. All glucometers will be placed in a locked drawer in the resident's room with supplies to ensure clinical staff use individualized equipment. Staff education and change of glucometer location will be completed by 5/28/2021. For listed violations, employees who documented meds given when not present will receive corrective action. Medication error reports will be completed for the violations. Med Tech re-education will be completed by the Med Tech trainer with each med tech by 6/1. Med Tech observations will be completed on all Med Tech staff after the education and no later than 6/15. A repeat observation on all Med Techs will be completed again by July 31st. All new Med Techs will have a Med Tech observation on hire and at 30/60/90 days to ensure competency. Monthly QMPI audits will be conducted and reviewed in the Quarterly QMPI by the Executive Director.

Completion Date: *06/15/2021*

Document Submission **Implemented**

A MAR to Cart audit to ensure all ordered medications are present was completed on 5/4/2021 by Omnicare. Audits will be completed monthly x2 by Omnicare and quarterly audits completed by the RCD or Designee. Education to all clinical staff to ensure understanding of the process of receiving medications for new orders and re-order process was completed by 5/21/2021. See attached in-service documents. All glucometers will be placed in a locked drawer in the resident's room with supplies to ensure clinical staff use individualized equipment. Staff education and change of glucometer location will be completed by 5/28/2021. For listed violations, employees who documented meds given when not present received corrective action. Medication error reports were completed for the violations. Med Tech re-education will be completed by the Med Tech trainer with each med tech by 6/1. Med Tech observations will be completed on all Med Tech staff after the education and no later than 6/15. A repeat observation on all Med Techs will be completed again by July 31st. All new Med Techs will have a Med Tech observation on hire and at 30/60/90 days to ensure competency. Monthly QMPI audits will be conducted and reviewed in the Quarterly QMPI by the Executive Director.

WITHDRAWN SP

WITHDRAWN - SP

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.

Description of Violation

Resident #3's file does not include ▇ hair color and identifying marks.

On 4/26/21, Resident #1's record has a resident picture dated 7/30/18

Plan of Correction **Accept**

On 5/10/2021, Resident #3's hair color and identifying marks were corrected in the file.
On 5/11/2021, Resident #1's picture was recorded and placed in file.
An audit of all resident files was completed on 5/11/2021. Any missing items will be added to the resident's files by 5/21/2021.
Upon admission, the Resident Care Director or designee will ensure all data is collected and entered in the file to meet the regulatory guidelines.
Monthly QMPI audits will be conducted and reviewed in the Quarterly QMPI by the Executive Director.

Completion Date: *05/21/2021*

252 - Record Content *(continued)*

Document Submission **Implemented**

On 5/10/2021, Resident #3 s hair color and identifying marks were corrected in the file.
On 5/11/2021, Resident #1 s picture was recorded and placed in file.
An audit of all resident files was completed on 5/11/2021. Any missing items were added to the resident s files by 5/21/2021.
Upon admission, the Resident Care Director or designee will ensure all data is collected and entered in the file to meet the regulatory guidelines.
Monthly QMPI audits will be conducted and reviewed in the Quarterly QMPI by the Executive Director.