

Department of Human Services
Bureau of Human Service Licensing

June 22, 2021

[REDACTED], OWNER/ADMIN
SYDLYNN INC
5734 MEETINGHOUSE RD
PIPERSVILLE, PA 18947

RE: PARADISE MANOR
206 EAST LINCOLN AVENUE
HATFIELD, PA, 19440
LICENSE/COC#: 14446

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: PARADISE MANOR License #: 14446 License Expiration Date: 04/01/2022
Address : 206 EAST LINCOLN AVENUE, HATFIELD, PA 19440
County: MONTGOMERY Region: SOUTHEAST

Administrator

Name: [REDACTED] Phone: 215-855-2697 Email: [REDACTED]

Legal Entity

Name: SYDLYNN INC
Address: 5734 MEETINGHOUSE RD, PIPERSVILLE, PA, 18947
Phone: 2158552697 Email: [REDACTED]

Certificate(s) of Occupancy

Type: Other Date: 12/31/1981 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 18 Waking Staff: 14

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: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 37 Residents Served: 18

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 18
Diagnosed with Mental Illness: 8 Diagnosed with Intellectual Disability: 1
Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

04/26/2021 - Full

Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow-Up Date: *05/17/2021*

6/10/2021 POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *06/18/2021*

6/22/2021 - 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 4/26/21 the home's License Inspection Summary, dated 10/14/20, was not posted in a conspicuous and public place in the home.

Plan of Correction

Directed

Immediate: (5/17/21) License has been in the same place (by the front door) for the last ten years so not sure why this is a violation now, but in order to comply license was posted in two different places in the community.

DPOC - SP - 06-10-2021 - License Inspection Summary and pink 2600 book must be posted, not just the license. Home will ensure all three aspects of 2600.3c are posted.

Completion Date: 06/10/2021

Document Submission

Implemented

Pink book 2600 was also posted in the same place as it has always been without a previous violation. I will gladly place it somewhere else if this is not acceptable. Photos are attached.

51 - Criminal Background Check

1. Requirements

2600.

- 51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

The home does not have a criminal background check for staff member A hired on [REDACTED]

Plan of Correction

Directed

Unfortunately, the employee in question had taken home [REDACTED] file and was not in the community that day due to an emergency at our sister community. [REDACTED] criminal background was completed previously.

Immediate: (5/17/21) Employee was told not to take home [REDACTED] employee file in the future but to make copies of what [REDACTED] needs.

DPOC - SP - 06-10-2021 - Home will ensure all employees have a criminal background check in accordance with regulation 2600.51

Completion Date: 05/17/2021

Document Submission

Implemented

Home will ensure all employees have a criminal background check in accordance with regulation 2600.51. Attached!

54a - Direct Care Staff

1. Requirements

2600.

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

54a - Direct Care Staff (*continued*)

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.

Description of Violation

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

Plan of Correction**Directed**

Unfortunately, the employee in question had taken home [REDACTED] file and was not in the community that day due to an emergency at our sister community. [REDACTED] criminal background was completed previously. Immediate: (5/17/21) Employee was told not to take home [REDACTED] employee file in the future but to make copies of what [REDACTED] needs.

DPOC - SP 06-10-2021 - Home will ensure all direct care staff have qualifications specified in regulation 2600.54a. Documentation to be made available for Department review.

Completion Date: 05/17/2021

Document Submission**Implemented**

Home will ensure all direct care staff have qualifications specified in regulation 2600.54a. Documentation to be made available for Department review. Attached!

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 Repeat Violation

On 4/12/21, 18 residents were present in the home. During this time there were no staff persons present in the home who were certified in obstructed airway techniques and CPR.

On 4/16/21, from 7:00 am - 3:00 pm and 11:00 pm - 7:00 am, 18 residents were present in the home. During this time there were no staff persons present in the home who were certified in obstructed airway techniques and CPR.

On 4/21/21, 18 residents were present in the home. During this time there were no staff persons present in the home who were certified in obstructed airway techniques and CPR.

Repeat Violation: 10/14/20 et al.

Plan of Correction**Directed**

Every employee on the schedule had CPR training. The assistant resident care coordinator offered to show the inspector during the exit, but [REDACTED] declined to look at the binder.

DPOC - SP - 06-10-2021 - Home will ensure at least one staff person trained in first aide and CPR is in the home at all times for every 50 residents. CPR certificates to be made available for Department review

Completion Date: 04/26/2021

63a - First Aid/CPR Training (continued)

Document Submission

Implemented

Attached!

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 A, whose first day of work was [REDACTED] did not receive orientation on the following topics:

- (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.

Plan of Correction

Directed

Unfortunately, the employee in question had taken home [REDACTED] file and was not in the community that day due to an emergency at our sister community. [REDACTED] file has all of the trainings as required. Immediate: (5/17/21) Employee was told not to take home [REDACTED] employee file in the future but to make copies of what [REDACTED] needs.

DPOC - SP - 06-10-2021 - Home will ensure all employees have orientation trainings specified in 2600.65a in directed timeframes. Documentation to be maintained by home and made available for Department review.

Completion Date: 05/17/2021

Document Submission

Implemented

Home will ensure all employees have orientation trainings specified in 2600.65a in directed timeframes. Documentation to be maintained by home and made available for Department review. Attached!

65b - Rights/Abuse 40 Hours

1. Requirements

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

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.
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 A completed his/her 40th scheduled work hour on [REDACTED]. However, this staff person did not complete training in the following topics:

(1) Resident rights.

(2) Emergency medical plan.

(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.

Plan of Correction**Directed**

Unfortunately, the employee in question had taken home [REDACTED] file and was not in the community that day due to an emergency at our sister community. [REDACTED] file has all of the trainings as required. Immediate: (5/17/21) Employee was told not to take home [REDACTED] employee file in the future but to make copies of what [REDACTED] needs.

DPOC- SP - 06-10-2021 - Home will ensure all employees have orientation trainings specified in 2600.65b in directed timeframes. Documentation to be maintained by home and made available for Department review.

Completion Date: 05/17/2021

Document Submission**Implemented**

Home will ensure all employees have orientation trainings specified in 2600.65b in directed timeframes. Documentation to be maintained by home and made available for Department review. Attached!

65d - Initial Direct Care Training

1. Requirements

2600.

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

1. Training that includes a demonstration of job duties, followed by supervised practice.

Description of Violation

Direct care staff person A, hired on [REDACTED] began providing unsupervised ADL services on or about [REDACTED]. However, the staff person did not complete training that included a demonstration of job duties, followed by supervised practice.

65d - Initial Direct Care Training (*continued*)**Plan of Correction****Directed**

Unfortunately, the employee in question had taken home [REDACTED] file and was not in the community that day due to an emergency at our sister community. [REDACTED] file has all of the trainings as required.
 Immediate: (5/17/21) Employee was told not to take home [REDACTED] employee file in the future but to make copies of what [REDACTED] needs.

DPOC - SP - 06-10-2021 - Home will ensure direct care staff have trainings specified in 2600.65d in directed timeframes. Documentation to be maintained by home and made available for Department review.

Completion Date: 05/17/2021

Document Submission**Implemented**

Home will ensure direct care staff have trainings specified in 2600.65d in directed timeframes. Documentation to be maintained by home and made available for Department review. Attached!

2. Requirements

2600.

- 65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person A, hired on [REDACTED] began providing unsupervised ADL services on or about [REDACTED]. However, the staff person did not complete and pass the Department-approved direct care training course and pass the competency test.

Plan of Correction**Directed**

Unfortunately, the employee in question had taken home [REDACTED] file and was not in the community that day due to an emergency at our sister community. [REDACTED] file has all of the trainings as required.
 Immediate: (5/17/21) Employee was told not to take home [REDACTED] employee file in the future but to make copies of what [REDACTED] needs.

DPOC - SP - 06-10-2021 - Home will ensure direct care staff have trainings specified in 2600.65d in directed timeframes. Documentation to be maintained by home and made available for Department review.

Completion Date: 05/17/2021

Document Submission**Implemented**

Home will ensure direct care staff have trainings specified in 2600.65d in directed timeframes. Documentation to be maintained by home and made available for Department review. Attached!

Update - 06/22/2021

3. Requirements

2600.

- 65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:
1. Training that includes a demonstration of job duties, followed by supervised practice.
 2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.
 3. Initial direct care staff person training to include the following:

65d - Initial Direct Care Training (continued)

Description of Violation

Direct care staff person A, hired on [REDACTED] began providing unsupervised ADL services on or about [REDACTED]. However, the staff person did not complete the following initial direct care staff person training:

1. Safe management techniques.
2. ADLs and IADLs.
3. Personal hygiene.
4. Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
5. The normal aging-cognitive, psychological and functional abilities of individuals who are older.
6. Implementation of the initial assessment, annual assessment and support plan.
7. Nutrition, food handling and sanitation.
8. Recreation, socialization, community resources, social services and activities in the community.
9. Gerontology.
10. Staff person supervision,
11. Care and needs of residents with special emphasis on the residents being served in the home.
12. Safety management and hazard prevention.
13. Universal precautions.
14. The requirements of this chapter.
15. Infection control.
16. Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration

Plan of Correction

Directed

Unfortunately, the employee in question had taken home [REDACTED] file and was not in the community that day due to an emergency at our sister community. [REDACTED] file has all of the trainings as required. Immediate: (5/17/21) Employee was told not to take home [REDACTED] employee file in the future but to make copies of what [REDACTED] needs.

DPOC - SP - 06-10-2021 - Home will ensure direct care staff have trainings specified in 2600.65d in directed timeframes. Documentation to be maintained by home and made available for Department review.

Completion Date: 05/17/2021

Document Submission

Implemented

Home will ensure direct care staff have trainings specified in 2600.65d in directed timeframes. Documentation to be maintained by home and made available for Department review. Attached!

66a - Staff Training Plan

1. Requirements

- 2600.
- 66.a. A staff training plan shall be developed annually.

66a - Staff Training Plan (continued)

Description of Violation

The home does not have a staff training plan for 2020 and 2021.

Plan of Correction

Directed

The Staff Training Plan was in the binder given to the inspector so not sure why we are receiving this violation.

DPOC - SP 06-10-2021 - Home will ensure a staff training plan is developed and updated annually.

Completion Date: 04/26/2021

Document Submission

Implemented

Home will ensure a staff training plan is developed and updated annually. Attached!

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 4/26/21 at 1:00 pm, the floor in the second floor men's bathroom was sticky. The room also had a strong urine smell.

Plan of Correction

Directed

All bathrooms are cleaned daily. We keep an extremely clean building but sometimes accidents happen before we get to them. Housekeeping starts on the first floor and works their way up daily. I do not feel we should have been given a violation for this incident.

immediate: (4/26/21) Bathroom was cleaned.

DPOC - SP - 06-10-2021 - Home will ensure sanitary conditions are maintained in all areas of the homes at all times.

Completion Date: 04/26/2021

Document Submission

Implemented

Home will ensure sanitary conditions are maintained in all areas of the homes at all times.

89b - Hot Water Temperature

1. Requirements

2600.

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

Description of Violation

On 4/26/21 at 12:25 pm, the hot water temperature at the sink in the first floor women's bathroom measured 122.0 degrees Fahrenheit.

On 4/26/21 at 12:30 pm, the hot water temperature at the sink in the bathroom of resident bedroom [redacted] measured 125.7 degrees Fahrenheit.

On 4/26/21 at 12:50 pm, the hot water temperature at the sink in the second floor women's bathroom measured 124.3 degrees Fahrenheit.

89b - Hot Water Temperature *(continued)*

Plan of Correction

Accept

Immediate: (4/26/21) Maintenance Director adjusted the temperature on the boiler.

Training: (5/17/21) Maintenance Director was told to check water temperatures weekly.

On going monitoring: Maintenance will check the water temperatures weekly and make adjustments to the boiler as necessary.

Completion Date 05/17/2021

Document Submission

Implemented

Training attached!

102i - Soap Dispenser

1. Requirements

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

On 4/26/21 at 12:50 pm, the second floor women's bathroom did not have soap.

Plan of Correction

Accept

All bathrooms are cleaned daily, and soap restocked as necessary. Housekeeping starts on the first floor and works their way up daily. I do not feel we should have been given a violation for this incident.

Immediate: (4/26/21) Soap dispenser was refilled.

Completion Date: 04/26/2021

Document Submission

Implemented

Immediate: (4/26/21) Soap dispenser was refilled.

102k No Common Towel

1. Requirements

2600.

102.k. Use of a common towel is prohibited.

Description of Violation

There were no paper towels, mechanical hand dryer or other sanitary means of hand drying in the second floor women's bathroom.

Plan of Correction

Directed

All bathrooms are cleaned daily, and paper towels refilled as necessary. Housekeeping starts on the first floor and works their way up daily. I do not feel we should have been given a violation for this incident.

Immediate: (4/26/21) Paper towel dispenser was refilled.

DPOC SP 06 10 2021 Home will ensure a mechanical hand dryer or individual paper towels are available as common towels are prohibited.

Completion Date 04/26/2021

102k - No Common Towel *(continued)*

Document Submission

Implemented

Photo Attached!

103e - Left Overs

1. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Repeat Violation

In the dry storage area in the kitchen, there were two packs of hamburger buns not labeled and not dated.

In the dry storage area in the kitchen, there was one pack of hoagie rolls not labeled and not dated.

In the dry storage area in the kitchen, there was one pack of hotdog buns not labeled and not dated.

In the dry storage area in the kitchen, there was one hoagie roll in a bag not labeled and not dated.

In the dry storage area in the kitchen, there was one coffee cake opened and not dated.

In the dry storage area in the kitchen, there were Cheerios in a plastic container not dated

In the dry storage area in the kitchen, there was one loaf of bread opened not dated.

In the dry storage area in the kitchen, there was one bag of shredded wheat not dated.

In the dry storage area in the kitchen, there was one container of frosted flakes not dated.

In the dry storage area in the kitchen, there was one container of Rice Krispies not dated.

Repeat Violation: 10/14/20 et al.

Plan of Correction

Accept

Immediate: (4/26/21) All unlabeled food was removed and placed in trash.

Training: (5/17/21) Kitchen Staff was trained and reminded to label and date all food when put back in the freezer/refrigerator.

On-going monitoring: Management will periodically check to make sure staff is labeling and dating leftovers.

Completion Date: 05/17/2021

Document Submission

Implemented

Training attached!

103g - Storing Food

1. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

In the dry storage area in the kitchen, there was one bag of cheerios opened and not sealed.

In the dry storage area in the kitchen, there was one bag of shredded wheat opened and not sealed.

103g - Storing Food (continued)

Plan of Correction

Accept

Immediate: (4/26/21) All unsealed food was removed and placed in trash.

Training: (5/17/21) Kitchen Staff was trained to store all food in closed or sealed containers.

On-going monitoring: Management will periodically check to make sure staff is storing all food in closed or sealed containers.

Completion Date: 05/17/2021

Document Submission

Implemented

Training attached!

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 sent to the Borough of Hatboro since 2/13/20.

Plan of Correction

Accept

Immediate: (5/14/21) Written emergency procedures were sent to Borough of Hatfield.

Training: (5/14/21) Administrator put a reminder in outlook calendar to send yearly.

On-going monitoring: Administrator will check state book for yearly submission of fire department letter.

Completion Date: 05/14/2021

Document Submission

Implemented

Letter to Borough of Hatfield Attached!

121a - Unobstructed Egress

1. Requirements

2600.

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

Description of Violation

On 4/26/21 at 12:40 pm, the home's exit on the first floor near rooms [redacted] and [redacted] was locked.

Plan of Correction

Accept

Immediate: (4/26/21) Door was unlocked. Lock was removed.

Completion Date: 04/26/2021

Document Submission

Implemented

Photo Attached

126a - Furnace Inspection

1. Requirements

2600.

126a - Furnace Inspection *(continued)*

126.a. A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

Description of Violation

The last inspection of the furnace was conducted on 7/2/18.

Plan of Correction

Accept

Immediate: (5/17/21) Maintenance director was told to schedule a furnace cleaning asap and to keep documentation in the state book.

Training: (5/17/21) Maintenance director was retrained to schedule annual furnace inspection. IT Landis will be out on June 2, 2021.

On-going monitoring: Management will periodically check to make sure furnace inspection is completed annually.

Completion Date: 05/17/2021

Document Submission

Implemented

Training attached!

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

The medical evaluation for resident #1, admitted [REDACTED], was not completed within 60 days prior to admission or within 30 days after admission of the resident.

Plan of Correction

Accept

Immediate: (5/17/21) RCC and Asst RCC were trained to make sure medical evaluation is filled out completely by physician or registered nurse with ALL required information filled out.

Training: (5/17/21) RCC and Asst RCC were trained to make sure medical evaluation is filled out completely by physician or registered nurse with ALL required information filled out.

On-going monitoring: Administrator will double check resident files for all required documentation to be completed in its entirety.

Completion Date: 05/17/2021

Document Submission

Implemented

Training attached!

2. 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 #2 did not have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department.

141a - Medical Evaluation (continued)

Plan of Correction

Accept

Immediate: (5/17/21) RCC and Asst RCC were trained to make sure medical evaluation is filled out completely by physician or registered nurse with ALL required information filled out.

Training: (5/17/21) RCC and Asst RCC were trained to make sure medical evaluation is filled out completely by physician or registered nurse with ALL required information filled out.

On-going monitoring: Administrator will double check resident files for all required documentation to be completed in its entirety.

Completion Date: 05/17/2021

Document Submission

Implemented

Training Attached!

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

Resident #3's glucometer is not calibrated to the correct date and time. The glucometer reads 4/23/21 1:20 am on 4/26/21 at 1:39 pm.

On 4/22/21, the evening blood sugar reading for resident #3 is 268 on the glucometer, it is recorded as 201 on the resident's Medication Administration Record.

On 4/21/21, the evening blood sugar reading for resident #3 is 195 on the glucometer, it is recorded as 209 on the resident's Medication Administration Record.

On 4/20/21, the evening blood sugar reading for resident #3 is 229 on the glucometer, it is recorded as 202 on the resident's Medication Administration Record.

Resident #4's glucometer is not calibrated to the correct date and time. The glucometer reads 4/26/21 12:42 pm on 4/26/21 at 1:49 pm.

Plan of Correction

Accept

Immediate: (4/26/21) Glucometers were re-calibrated.

Training: (5) Staff member who recorded wrong numbers was re-trained.

Completion Date: 05/17/2021

Update - 06/10/2021

SP - 06-10-2021 Documentation to be made available for Department review

Document Submission

Implemented

Training attached!

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.

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

Description of Repeat Violation

Staff person B initialed resident #1's Medication Administration Record on 4/25/21 at 8:00 am indicating that Lorazepam Tab 1 MG was administered, however according to the narcotic count sheet the medication has not been in the home since 4/24/21 at 8:00 pm.

Staff person B initialed resident #1's Medication Administration Record at 4/25/21 8:00 pm indicating that Lorazepam Tab 1 MG was administered, however according to the narcotic count sheet the medication has not been in the home since 4/24/21 at 8:00 pm.

Staff person C initialed resident #1's Medication Administration Record on 4/26/21 at 8:00 am indicating that Lorazepam Tab 1 MG was administered, however according to the narcotic count sheet the medication has not been in the home since 4/24/21 at 8:00 pm.

Repeat Violation: 10/14/20 et al.

Plan of Correction

Accept

Immediate: (4/26/21) Staff was reminded and re-trained of properly recording medications and following prescriber orders.

Training: (5/17/21) Staff was reminded and re-trained of properly recording medications and following prescriber orders.

On-going monitoring: Management will periodically observe staff to make sure they are following the proper medication administration procedures.

Completion Date: 05/17/2021

Document Submission

Implemented

Training attached!

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

Resident #1 is prescribed Lorazepam Tab 1 MG. However, this medication was not administered to resident 4/25/21 at 8:00 am, 4/25/21 at 8:00 pm, and 4/26/21 at 8:00 am on because the medication was not available in the home.

Plan of Correction

Accept

Immediate: (4/26/21) Staff was reminded and re-trained of properly recording medications and following prescriber orders.

Training: (5/17/21) Staff was reminded and re-trained of properly recording medications and following prescriber orders.

On-going monitoring: Management will periodically observe staff to make sure they are following the proper medication administration procedures.

Completion Date: 05/17/2021

Document Submission

Implemented

Training attached!

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

Resident #1 is prescribed Lorazepam Tab 1 MG. However, resident #1 was not administered this medication on 4/25/21 at 8:00 am, 4/25/21 at 8:00 pm, and 4/26/21 at 8:00 am. The medication error was not reported.

Plan of Correction

Accept

Immediate: (5/17/21) Staff was reminded to report to the resident, resident’s designated person and the prescriber any medication errors.

Training: (5/17/21) Staff was reminded and re-trained to report to the resident, resident’s designated person and the prescriber any medication errors.

On-going monitoring: Management will periodically observe staff to make sure they are following the proper procedures.

Completion Date: 05/17/2021

Document Submission

Implemented

Training attached!

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

Staff person A, who has not successfully completed the Department-approved medications administration course, administers medications to residents.

Plan of Correction

Directed

Unfortunately, the employee in question had taken home [redacted] file and was not in the community that day due to an emergency at our sister community. [redacted] file has all of the trainings as required, including the medication administration course.

Immediate: (5/17/21) Employee was told not to take home [redacted] employee file in the future but to make copies of what [redacted] needs.

DPOC - SP - 06-10-2021 - Home will ensure only staff persons who are med trained in accordance with regulation 2600.190a administer medications to residents.

Completion Date: 05/17/2021

Document Submission

Implemented

Training attached!

224a - Preadmission Screen Form

1. Requirements

2600.

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

Description of Violation

Resident #5’s preadmission screening form, dated [REDACTED] does not include a determination that the needs of the resident can be met by the services provided by the home.

Plan of Correction

Accept

Immediate: (5/17/21) RCC and Asst RCC were trained to make sure pre-admission screening is filled out completely within 30 days prior to admission.

Training: (5/17/21) RCC and Asst RCC were trained to make sure pre-admission screening is filled out completely within 30 days prior to admission.

On-going monitoring: Administrator will double check resident files for all required documentation to be completed in its entirety and within proper time frames(dates).

Completion Date: 05/17/2021

Document Submission

Implemented

Training attached!

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

An assessment was not completed for resident #1, who was admitted to the home on [REDACTED]
An assessment was not completed for resident #5, who was admitted to the home on [REDACTED].

Plan of Correction

Accept

Immediate: (5/17/21) RCC and Asst RCC were trained to make sure pre-admission screening is filled out completely within 30 days prior to admission.

Training: (5/17/21) RCC and Asst RCC were trained to make sure pre-admission screening is filled out completely within 30 days prior to admission.

On-going monitoring: Administrator will double check resident files for all required documentation to be completed in its entirety and within proper time frames(dates).

Completion Date: 05/17/2021

Document Submission

Implemented

Training attached!

2. Requirements

2600.

225a - Assessment 15 Days (continued)

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

Description of Violation

Resident #2's assessment, dated [REDACTED] does not include an assessment for using the telephone, caring for personal possessions, writing correspondence, engaging in social and leisure activities, using a prosthetic device, and obtaining clean, seasonal clothing.

Plan of Correction

Accept

Immediate: (5/17/21) RCC and Asst RCC were trained to make sure pre-admission screening is filled out completely within 30 days prior to admission.

Training: (5/17/21) RCC and Asst RCC were trained to make sure pre-admission screening is filled out completely within 30 days prior to admission.

On-going monitoring: Administrator will double check resident files for all required documentation to be completed in its entirety and within proper time frames(dates).

Completion Date: 05/17/2021

Document Submission

Implemented

Training attached!

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

The assessment for resident #2, dated [REDACTED] indicates the resident has a need for orientation to time, place, and person. The resident's support plan, dated [REDACTED] does not document how this need will be met.

Plan of Correction

Accept

Immediate: (5/17/21) RCC and Asst RCC were trained to make sure support plan is filled out completely within 30 days of admission.

Training: (5/17/21) RCC and Asst RCC were trained to make sure support plan is filled out completely within 30 days of admission.

On-going monitoring: Administrator will double check resident files for all required documentation to be completed in its entirety and within proper time frames(dates).

Completion Date: 05/17/2021

Document Submission

Implemented

Training attached!

227g -Support Plan Signatures

1. Requirements

227g -Support Plan Signatures (continued)

2600.

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

Description of Violation

The support plan for resident #2 dated [REDACTED] is not signed by the assessor.

Plan of Correction

Accept

Immediate: (5/17/21) RCC and Asst RCC were trained to make sure support plan is filled out completely within 30 days of admission with proper signatures.

Training: (5/17/21) RCC and Asst RCC were trained to make sure support plan is filled out completely within 30 days of admission with proper signatures.

On-going monitoring: Administrator will double check resident files for all required documentation to be completed in its entirety and within proper time frames(dates) and signatures.

Completion Date: 05/17/2021

Document Submission

Implemented

Training Attached!

227h - Support Plan Refuse Sign

1. Requirements

2600.

227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

Description of Violation

Resident #2 participated in the development of his/her support plan on [REDACTED] The resident did not sign the support plan. The home did not make a notation regarding the resident did not sign.

Plan of Correction

Accept

Immediate: (5/17/21) RCC and Asst RCC were trained to make sure support plan is filled out completely, within 30 days of admission with proper signatures, and/or proper documentation if the resident refuses to sign.

Training: (5/17/21) RCC and Asst RCC were trained to make sure support plan is filled out completely within 30 days of admission with proper signatures, and/or proper documentation if the resident refuses to sign.

On-going monitoring: Administrator will double check resident files for all required documentation to be completed in its entirety and within proper time frames(dates) and signatures.

Completion Date: 05/17/2021

Document Submission

Implemented

Training attached!