

Department of Human Services
Bureau of Human Service Licensing

August 30, 2021

[REDACTED], OWNER
[REDACTED]
[REDACTED]

RE: ALLIANCE SENIOR HOME
104 PENNSYLVANIA AVENUE
MATAMORAS, PA, 18336
LICENSE/COC#: 22733

Dear [REDACTED],

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

Sincerely,

[REDACTED]
Human Services Licensing Supervisor

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: *ALLIANCE SENIOR HOME* License #: *22733* License Expiration Date: *06/26/2021*
Address: *104 PENNSYLVANIA AVENUE, MATAMORAS, PA 18336*
County: *PIKE* Region: *NORTHEAST*

Administrator

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

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *R-4* Date: *02/20/2018* Issued By: *Matamoras Borough*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *10* Waking Staff: *8*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *05/17/2021*

Inspection Dates and Department Representative

05/06/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *8* Residents Served: *6*

Secured Dementia Care Unit

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

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *6*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *4* Have Physical Disability: *0*

Inspections / Reviews

05/06/2021 - Full

Lead Inspector: [REDACTED]

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

6/14/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *06/21/2021*

6/22/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *06/29/2021*

8/30/2021 - 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

The License Inspection Summary dated 5/1/2019 was not posted in the home as required.

Plan of Correction

Do Not Accept

See last scan.pdf for correction plan.

Please enter an acceptable plan of correction in this area. 6-14-21 

Completion Date: 06/13/2021

Plan of Correction

Accept

PLAN OF CORRECTION (POC)

1) Why the regulation important?

It is important because the license and inspection summarizes must be displayed in a public area of the home in the facility's in a way simple visible and accessible to all residents and visitors for them to read

2) How was the regulation violated?

License was posted on wall and inspections, whoever, summarizes was posted behind the license, it was not displayed in a ways that public for the individual to see must easy. Facility administrator failed on display it in the right manner according to the regulation

3) Determine the root cause of the violation.

The administrator did not display licensed inspection summarizes according to the regulation 2600.3c,

4) Plan of correction:

On 5/10/2021 license inspection was posted visible easy to read for residents, family and visitor that are interesting on ready how the faculty is doing on State's inspection. (attached Picture)

5) To prevent future violations:

To prevent future violation administrator will make sure that license and inspection summarizes are display according to 2600.3c. description on how it should be display

6) Who will be responsible for preventing future violation?

The administrator will be responsible for preventing future violation, it will always license and summarizes with be display visible and easy to read.

7) How will we monitor to make sure plan is followed?

The administrator will make sure that the plan of correction 2600.3c. is follow, by will make sure that the facility never has a violation because the license, a copy of the will be always posted current license inspection summary visible and easy to read for residents, family, and others.

Completion Date: 06/19/2021

Update - 06/22/2021

Please send/Attach picture of compliance 6-22-21 - 

3c - Post Current License (continued)

Document Submission

Implemented

The documentation was submitted through the portal that proves compliance. The picture/documentation is labeled with the regulation number. Please contact if there any issues with reading the images.

Update - 08/30/2021

Verified On-site 7-14-2021 by AD - [REDACTED]

26a - Quality Management Plan

1. Requirements

2600.

26.a. The home shall establish and implement a quality management plan.

Description of Violation

The home did not conduct a quality management meeting in 2020 to review the meeting topics required by this regulation.

Plan of Correction

Do Not Accept

See last scan.pdf for correction plan.

Please enter an acceptable plan of correction in this area. 6-14-21 [REDACTED]

Completion Date: 06/13/2021

Plan of Correction

Accept

1. Why the regulation important?

2600.26a-Quality management meeting is important to review and evaluate the effectiveness of policies or residents care or other areas that need improving, or accomplish, helping the facility to determine its continued suitability and adequacy.

2) How was the regulation violated?

It was violated because the administrator didn't make a formal meeting with staff.

3) Determine the root cause of the violation.

Administrator neglected make a formal meeting with staff to discuss items with the staff where they all signed and keep it on record.

4) Plan of correction: A formal meeting was held on 6/10/21 @ 6 pm to discuss different aspect of the facility such as things accomplished and goals to accomplish others and other aspects of the facility.

5) To prevent future violations:

The administrator scheduled a quality management meeting for second Thursday of January every year, it will be a reminder posted in the facility 's office wall and the administrator cell phone to remind of the meeting each year.

6) Who will be responsible for preventing future violation?

The Administrator will be responsible to prevent future violations by make the meeting every year have a staff meeting and have documentation of it.

7) How will we monitor to make sure plan is followed?

Administrator will have it posted in the facility and a reminder on the cell phone

(Please see attachment picture)

Completion Date: 06/19/2021

26a - Quality Management Plan (continued)

Update - 06/22/2021

Please send/Attach proof of compliance 6-22-21 - [REDACTED]

Document Submission

Implemented

The documentation was submitted through the portal that proves compliance. The picture/documentation is labeled with the regulation number. Please contact if there any issues with reading the images.

Update - 08/30/2021

Verified On-site 7-14-2021 by AD - MM

96a - First Aid Kit

1. Requirements

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The first aid kit located in medication room was missing eye coverings.

Plan of Correction

Do Not Accept

See last scan.pdf for correction plan.

Please enter an acceptable plan of correction in this area. 6-14-21 [REDACTED]

Completion Date: 06/13/2021

Plan of Correction

Accept

1 Why the regulation important?

2600. 96.a. regulation is important to make sure that First Aid Kit has eye coverings for staff protection and not violate the regulation.

2) How was the regulation violated?

Regulation was violated because it was missing eye coverings

3) Determine the root cause of the violation.

Administrator didn't check that somebody removed eye coverings and its cause the violation of the regulation.

4) Plan of correction:

6/6/2021 was corrected staff went to the storage's room and place an eye coverings

5) To prevent future violations:

It will be check weekly to make sure that all items in the First Aid Kit are in kit according 2600. 96.a

6) Who will be responsible for preventing future violation?

Administrator will be responsible that all items are in the First Aid Kit to comply with the regulation 2600.96.a

7) How will we monitor to make sure plan is followed? Administrator will add on weekly check list, and staff are educated about the importance of the list of items that must be in the kit, if they take anything inform the administrator to replace.

(a list where they can write is posted next to the first aid kit)

Completion Date: 06/19/2021

96a - First Aid Kit (continued)

Update - 06/22/2021

Please send/Attach picture of compliance 6-22-21 - [REDACTED]

Document Submission

Implemented

The documentation was submitted through the portal that proves compliance. The picture/documentation is labeled with the regulation number. Please contact if there any issues with reading the images. Picture documentation is submit with with picture eyes covering are in the first aid kit.

Update - 08/30/2021

Verified On-site 7-14-2021 by AD - MM

102h - Toilet Paper

1. Requirements

2600.

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

Description of Violation

The first bathroom on the right side of the hallway did not have toilet paper.

Plan of Correction

Do Not Accept

See last scan.pdf for correction plan.

Please enter an acceptable plan of correction in this area. 6-14-21 [REDACTED]

Completion Date: 06/13/2021

Plan of Correction

Accept

1) Why the regulation important?

2600.102(h) is important because the home must provide the resident Toilet paper available in order not to Violation: 2600. 102.h.

2) How was the regulation violated?

A resident used the toilet paper and staff neglected to replace its always available, but staff neglected to place where the resident cans reaches.

3) Determine the root cause of the violation.

The first bathroom on the right side of the hallway did not have toilet paper.

4) Plan of correction:

It was corrected on 6/6/2021 during the inspector was on site by staff Christopher Diperi place toilet paper in the bathroom easy to reach for residents and others.

5) To prevent future violations:

Staff is instructed to check if there is toilet paper available in each bathroom all the time.

6) Who will be responsible for preventing future violation?

All facility's staff on shift will make sure that each toilet will have toilet paper all the times.

7) How will we monitor to make sure plan is followed?

The administrator will make sure plan is fallows each day by checking and having it on staff every day check list. (see attachment)

Completion Date: 06/19/2021

102h - Toilet Paper (*continued*)

Update - 06/22/2021

Please send/Attach picture of compliance 6-22-21 - [REDACTED]

Document Submission

Implemented

The documentation was submitted through the portal that proves compliance. The picture/documentation is labeled with the regulation number. Please contact if there any issues with reading the images.

Update - 08/30/2021

Verified On-site 7-14-2021 by AD - [REDACTED]

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's fire safety inspection letters dated 01/15/2019 and 01/25/21 both indicate the home's maximum safe evacuation time is 4 minutes. Fire drill logs indicate that the following fire drills were timed at more than 4 minutes for evacuation of all residents:

11/4/2019 at 12:00am evacuation time 4 minutes 10 seconds.

01/05/2020 at 2:00am evacuation time 4 minutes 18 seconds.

03/07/2020 at 11:20pm evacuation time 4 minutes 10 seconds

Plan of Correction

Do Not Accept

See last scan.pdf for correction plan.

Please enter an acceptable plan of correction in this area. 6-14-21 [REDACTED]

Completion Date: 06/13/2021

132d - Evacuation (continued)

Plan of Correction

Accept

1) Why the regulation important?

The regulation is important to ensure that the resident can safe evacuate during the time assigned

2) How was the regulation violated?

The regulation was violated because its passed the time assigned by the Fire Safety agent for safe evacuation of the building.

3) Determine the root cause of the violation.

During four of the evacuations it took extra seconds violated the time assigned which is 4 minutes to evacuate the building.

4) Plan of correction:

Corrected on 5/11/21 the 5 am it was a fire drill and all resident were evacuated its took 3:45 minutes.

5) To prevent future violations:

All staff will move more quickly to safe evacuate all the residents from the building within less 4 minutes the time assigned.

6) Who will be responsible for preventing future violation? All staff of the will work more quickly during evacuation to safe evacuate the building safe before or within time frame assigned.

7) How will we monitor to make sure plan is followed?

The administrator will make sure that the plan is fallow by talking to the staff and making sure that they understand the importance of evacuate all residents within time assigned to the facility, and make sure that all steps are fallow to evacuate the building within or less than 4 minutes.

Completion Date: 06/19/2021

Document Submission

Implemented

The documentation was submitted through the portal that proves compliance. The picture/documentation is labeled with the regulation number. Please contact if there any issues with reading the images.

Update - 08/30/2021

Verified On-site 7-14-2021 by [redacted]

141b1 - Annual Medical Evaluation

1. Requirements

2600.

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

Description of Violation

The annual Documentation of Medical Evaluation (DME) form for resident #1 which was due on [redacted] was not completed until [redacted]

Plan of Correction

Do Not Accept

See last scan.pdf for correction plan.

Please enter an acceptable plan of correction in this area. 6-14-21 [redacted]

Completion Date: 06/13/2021

141b1 - Annual Medical Evaluation (continued)

Plan of Correction

Accept

PLAN OF CORRECTION (POC

1) Why the regulation important?

The regulation is important because it's certified that each resident has a Medical Evaluation (DME) at least one a year or sooner if there is any status changed.

2) How was the regulation violated?

The Administrator neglected to do the annual Documentation of Medical Evaluation (DME) form for resident #1 which was due on 3/19/20 was not completed until 11/10/20

3) Determine the root cause of the violation.

Because of the annual Documentation of Medical Evaluation (DME) form for resident #1 was not done according 2600.141b1-

4) Plan of correction:

Moving forward 2600.141b1- Annual Medical Evaluation (DME) and Rasp will be done according to the regulation all DME and Rasp of each facility resident are done . A list is included of all residents DME and Rasp are done start 6/10/2021

5) To prevent future violations:

Administrator will make sure to review the resident's chart as well the list of the Last DME and Rasp list to make sure that all the residents has the DME and Rasp according to the 2600.141b1- Annual Medical Evaluation

6) Who will be responsible for preventing future violation

The administrator will be responsible for preventing future violations.

7) How will we monitor to make sure plan is followed?

Administrator will check the resident' Chart and the list of last DME and Rasp will be check every month

Completion Date: 06/19/2021

Document Submission

Implemented

The documentation was submitted through the portal that proves compliance. The picture/documentation is labeled with the regulation number. Please contact if there any issues with reading the images.

Update - 08/30/2021

Verified On-site 7-14-2021 by [redacted]

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

The medications [redacted] and [redacted] for resident #2 were removed from the original medication bottle and placed in medication cups at 7am by staff person A. The medications were not scheduled to be administered until 2pm.

183a - Original Containers and Injections (*continued*)**Plan of Correction****Do Not Accept**

See last scan.pdf for correction plan.

Please enter an acceptable plan of correction in this area. 6-14-21 [REDACTED]

Completion Date: 06/13/2021

Plan of Correction**Accept**

1) Why the regulation important?

The regulation important because its make sure that the medication are not removing from the original container.

2) How was the regulation violated?

The RN neglected the regulation by prepare the medications before giving time, even she knows the facility does not removed medications from the original container. Medications sure be removed from the original container at the time of the medication is to be administrate.

3) Determine the root cause of the violation.

RN Removed medications from original labeled containers to give at later time.

4) Plan of correction:

Corrected on 5/9/2021 administrator talked to each one of the staff that administrate medications and informed that in the facility does not preparer medications ahead of time. Medications are put in a cup at the time of administration time.

5) To prevent future violations:

To prevent future violation there a note on the MAR which indicate that medication is prepare at the time of administration only.

6) Who will be responsible for preventing future violation? The administrator will be responsible to prevent future violation.

7) How will we monitor to make sure plan is followed?

By check the medicines' cart to make sure that there is not medications in cups at any giving time.

(see attachment)

Completion Date: 06/19/2021

Update - 06/22/2021

Please send/Attach proof of staff training regarding compliance with this regulation. 6-22-21 - [REDACTED]

Document Submission**Implemented**

The documentation was submitted through the portal that proves compliance. The picture/documentation is labeled with the regulation number. Please contact if there any issues with reading the images.

Update - 08/30/2021

Verified On-site 7-14-2021 by [REDACTED]

183b - Meds and Syringes Locked

1. Requirements

2600.

183b - Meds and Syringes Locked (continued)

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

The first aid kit stored in the living room contained acetaminophen and Diphen. The first aid kit was not locked.

Plan of Correction

Do Not Accept

See last scan.pdf for correction plan.

Please enter an acceptable plan of correction in this area. 6-14-21

Completion Date: 06/13/2021

Plan of Correction

Accept

1) Why the regulation important?

The regulation important that all medications must be locking all the time.

2) How was the regulation violated?

Regulation was violated because of the First Aid Kit in the living room has medication that must be locked wasn't locked.

3) Determine the root cause of the violation. Unlocked medications were in reach of the residents in the facility were not locked.

4) Plan of correction:

Corrected on 5/6/2021 Staff removed the medications on the 4 first aids kit of the facility.

5) To prevent future violations:

All First Aid Kit will be check and take out all medication and dispose it according to regulation and moving forward it will never will be any unlock medication in the First Aid Kit.

6) Who will be responsible for preventing future violation?

The administrator will be responsible to prevent future violations.

7) How will we monitor to make sure plan is followed?

The administrator wills personal take all medications before place the First Aid Kit in the facility.

Completion Date: 06/19/2021

Update - 06/22/2021

Please send/Attach proof of staff training regarding compliance with this regulation. 6-22-21

Document Submission

Implemented

The documentation was submitted through the portal that proves compliance. The picture/documentation is labeled with the regulation number. Please contact if there any issues with reading the images.

Update - 08/30/2021

Verified On-site 7-14-2021 by

183c - Refrigerated Meds Locked

1. Requirements

2600.

183.c. Prescription medications, OTC medications and CAM stored in a refrigerator shall be kept in an area or container that is locked.

183c - Refrigerated Meds Locked (continued)

Description of Violation

The small black refrigerator in the medication room/office contained insulin vials and was not locked. The office, which contains the locked medication cart is not kept locked.

Plan of Correction

Do Not Accept

See last scan.pdf for correction plan.

Please enter an acceptable plan of correction in this area. 6-14-21 [redacted]

Completion Date: 06/13/2021

Plan of Correction

Accept

1) Why the regulation important?

Regulation is important to keep all medication on lock and out reach of others

2) How was the regulation violated?

2600.183c- Refrigerated Meds Locked was neglected to lock the office and leave open,

3) Determine the root cause of the violation.

2600.183c says that all medication must be on lock, however the RN didn't lock the refrigerator and the medicine cart Unlock medication

4) Plan of correction:

On 6/6/2021 RN locked the refrigerator, and medicine cart is only opens whenever it is time to administrate medications. Moving forward everybody authorized to administrate medications will always lock the medications refrigerator.

5) To prevent future violations:

All medications will be on lock all the time that is not being on use. A reminds sign is posted in the office and in meeting was reinforced that all medications must be on lock all the time that is not on uses.

6) Who will be responsible for preventing future violation?

The administrator is responsible for preventing future violation by always fallow and reinforce the comply with the regulation2600.183c- Refrigerated Meds Locked

7) How will we monitor to make sure plan is followed?

it will be monitory every day that refrigerator, and medications are its locked all the times that are not in use. (see attachment picture)

Please enter an acceptable plan of correction in this area. 6-14-21 [redacted]

Completion Date: 06/19/2021

Update - 06/22/2021

Please send/Attach proof of staff training regarding compliance with this regulation. 6-22-21 - [redacted]

Document Submission

Implemented

The documentation was submitted through the portal that proves compliance. The picture/documentation is labeled with the regulation number. Please contact if there any issues with reading the images.

Update - 08/30/2021

Verified On-site 7-14-2021 by [redacted]

183d - Prescription Current

1. Requirements

2600.

183d - Prescription Current (*continued*)

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

Description of Violation

The medication cart contained a bottle of [REDACTED] with a pharmacy label indicating it was a house medication. There was no prescription for the medication for an individual living in the home.

Plan of Correction**Do Not Accept**

See last scan.pdf for correction plan.

Please enter an acceptable plan of correction in this area. 6-14-21 [REDACTED]

Completion Date: 06/13/2021

Plan of Correction**Accept**

1) Why the regulation important?

The regulation is important to make sure that all the medications in the medicines in cart has a Prescription Current and labeled according to order.

2) How was the regulation violated?

Pharmacy delivered the medication by error it was on a bag in the bottle, normally all medications that is delivering to the facility is comes on bobble pack not bottle. The small bottle was at the bottom of the bag, after the delivery men left it was found.

3) Determine the root cause of the violation.

There was no prescription for the medication for an individual living In the home because it was delivered by mistake.

4) Plan of correction:

Pharmacy was called the day of delivered the medication to inform of the medication was delivered by error, medication was returned to the pharmacy on 6/7/2021 whenever they came to deliver more residents medications.

5) To prevent future violations:

At the time of the medication is receive the container will check truly for all error deliver medications give to the delivery man as the time is deliver.

6) Who will be responsible for preventing future violation? All staff that is certified to received and administrates medications. If any medications delivered by mistake will be returned to the pharmacy at the moment the deliver time.

7) How will we monitor to make sure plan is followed?

Administrator will reinforce that all medications deliver to the facility has a correct prescription order indicate for which resident is delivered.

Completion Date: 06/06/2021

Update - 06/22/2021

Please send/Attach proof of staff training regarding compliance with this regulation. 6-22-21 - [REDACTED]

Document Submission**Implemented**

The documentation was submitted through the portal that proves compliance. The picture/documentation is labeled with the regulation number. Please contact if there any issues with reading the images.

183d - Prescription Current (continued)

Update - 08/30/2021

Verified On-site 7-14-2021 by [REDACTED]

183e - Storing Medications

1. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

The [REDACTED] pen for resident #3 was opened on [REDACTED] 21 for use and expired on [REDACTED] /21, 28 days later, as per the manufacturer's instructions. The [REDACTED] was still in the medication cart and in use on [REDACTED] /21.

Plan of Correction

Do Not Accept

See last scan.pdf for correction plan.

Please enter an acceptable plan of correction in this area. 6-14-21 [REDACTED]

Completion Date: 06/13/2021

Plan of Correction

Accept

1) Why the regulation important?

The regulation is important to make sure that the medication is storage and keep according to expedition date and administrate the medication in a safe way for the resident.

2) How was the regulation violated?

The regulation was violated because of having expired [REDACTED] pen in use.

3) Determine the root cause of the violation.

Cause of the violation because all CMA negate and continue using expired [REDACTED] after expiration date.

4) Plan of correction:

Corrected on 6/6/2021 the RN destroyed the expired medication, and opened and dates another one. Moving forward it will be a note on the medications' room and administrator phone indicate the date of medicine expired, after that day medication will be discharged according to policy.

5) To prevent future violations: The Administrator will have a note that reminder and will check the medication in the regular basis and will labeled Documentation it is a note on when the insulin was opened and when is expired.

6) Who will be responsible for preventing future violation?

The administrator will be responsible for preventing future violations.

7) How will we monitor to make sure plan is Following? Administrator made a list of medications that has a expiration date. Opened insulin will be writing on it with expiration date, as well the container itself will expiration date clear . The list will be check weekly by the administrator (see attachment)

Completion Date: 06/06/2021

Update - 06/22/2021

Please send/Attach proof of staff training regarding compliance with this regulation. 6-22-21 - [REDACTED]

Document Submission

Implemented

The documentation was submitted through the portal that proves compliance. The picture/documentation is labeled with the regulation number. Please contact if there any issues with reading the images.

183e - Storing Medications (*continued*)

Update - 08/30/2021

Verified On-site 7-14-2021 by [REDACTED]

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:

4. The prescribed dosage and instructions for administration.

Description of Violation

The pharmacy label for resident #4's medication [REDACTED] did not include the instructions to hold the medication if the pulse is below 60. The Medication record indicates the medication is to be administered as one tablet per day, hold if the pulse is below 60 and call the nurse practitioner.

Plan of Correction

Do Not Accept

See last scan.pdf for correction plan.

Please enter an acceptable plan of correction in this area. 6-14-21 [REDACTED]

Completion Date: 06/13/2021

Plan of Correction

Accept

1) Why the regulation important?

2600.184a- Labeling OTC/CAM is important to indicated and match the pharmacy label with the medication to make sure that medication is administrator according to order.

2) How was the regulation violated?

The regulation was violated because pharmacy label didn't match with the medication label.

3) Determine the root cause of the violation.

RN and CMA neglected to match the medications label with the MAR

4) Plan of correction: Resident Passed Away on 5/10/2021. We were waiting for the LPN for clarification, but she was out of the office on vacation. Pharmacy said that was the way the LPN forwards the prescription to them. Moving forward RN and CMA will triple check for that error not occur anymore in the future time.

5) To prevent future violations:

Moving forward To prevent future violation the RN, Administrator and CMA will check the MAR and medication label match if there is any discrepancy between medication and label, administrator will contact the Doctor and pharmacy right away.

5) Who will be responsible for preventing future violation?

RN, Administrator, and All CMA all will check that all medications in the medication cart match with the MAR

7) How will we monitor to make sure plan is followed?

Daily MAR and medicine label check to make sure that the regulation is not violate anymore.

Completion Date: 06/06/2021

Update - 06/22/2021

Please send/Attach proof of staff training regarding compliance with this regulation. 6-22-21 - [REDACTED]

184a - Labeling OTC/CAM (continued)

Document Submission**Implemented**

The documentation was submitted through the portal that proves compliance. The picture/documentation is labeled with the regulation number. Please contact if there any issues with reading the images.

Update - 08/30/2021

Verified On-site 7-14-2021 by [REDACTED]

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 # 2 has PRN orders for [REDACTED] and [REDACTED]. The medications were not found in the medication cart at the time of the audit.

The narcotic count sheet for resident #2's [REDACTED] was inaccurate. The count sheet indicated that the bottle should contain 30 pills, however, when counted, the bottle contained 34 pills.

Plan of Correction**Do Not Accept**

See last scan.pdf for correction plan.

Please enter an acceptable plan of correction in this area. 6-14-21 [REDACTED]

Completion Date: 06/13/2021

185a - Implement Storage Procedures (continued)

Plan of Correction

Accept

1) Why the regulation important?

Regulation is important because Implement Storage Procedures and accountability the medication were not right according 2600.185a- Implement Storage Procedures

2) How was the regulation violated?

resident #2 has PRN orders for Acetaminophen and Robitussin and the medication were not found. The medication was behind next to resident #2 PRN medications which it was in the medications cart, the RN neglected to look for on other compartment labeled with the resident name. Tramadol was inaccurate count.

3) Determine the root cause of the violation. Medications were not found and there was an inaccurate count of medications.

4) Plan of correction:

6/6/21, [redacted] checked the cart and found resident #2, the two medications that the RN was unable to find. Tramadol was inaccurate count. Moving forward all controlled medications will be count doubles to make sure that the account is correct and the bottle match the book as well it will be check the number subtracts to make sure there is no mistake on writing the numbers...

5) To prevent future violations: All extra medications will be clearly labeled even though it was labeled, but the labels will be bigger. Controlled substance counts will be check every day to make sure the count is correct and match the counts with documentations

6) Who will be responsible for preventing future violation? The administrator will be responsible for showing the location of all residents' medications to the certified CMA and RN.

7) How will we monitor to make sure plan is followed? The administrator will make sure that all CMA and RN know how to search for extra medications that are in the medicines cart.

Completion Date: 06/19/2021

Update - 06/22/2021

Please send/Attach proof of staff training regarding compliance with this regulation. 6-22-21 - [redacted]

Document Submission

Implemented

The documentation was submitted through the portal that proves compliance. The picture/documentation is labeled with the regulation number. Please contact if there any issues with reading the images.

Update - 08/30/2021

Verified On-site 7-14-2021 by [redacted]

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:

6. Dose.

187a - Medication Record (continued)

Description of Violation

Resident #3 has an order for insulin to be administered 3 times daily on a sliding scale with meals. On the following dates and times the home did not document insulin administration for the recorded readings:

- 05/06/21 at 9:03am the reading was [REDACTED]
- 05/05/21 at 1:11pm the reading was [REDACTED]
- 05/04/21 at 12:24pm the reading was [REDACTED]
- 05/03/21 at 12:30pm the reading was [REDACTED]
- 05/03/21 at 05:50pm the reading was [REDACTED]

Plan of Correction

Do Not Accept

See last scan.pdf for correction plan.

Please enter an acceptable plan of correction in this area. 6-14-21 [REDACTED]

Completion Date: 06/13/2021

Plan of Correction

Accept

1) Why the regulation important?

The regulation is important to make sure that that all medication has it documentation record.

2) How was the regulation violated?

The regulation was the regulation violated because the resident #3 has not record of provide the insulin available, even the documentation was in the computer file, was not available right on hand.

3) Determine the root cause of the violation.

Not have the documentation available when the inspector was in the site. Administrator had the documentations in the computer which it was faxed to the [REDACTED]

4)Plan of correction:

Corrected on 5/10/2021 the records are on the documentation diabetes book for the resident.

5) To prevent future violations:

All sliding scale documentation for diabetes will be available in the resident diabetes documentation book.

6) Who will be responsible for preventing future violation?

The administrator is responsible for preventing future violation by make sure that all refused medications be document correctly according to the regulation.

7) How will we monitor to make sure plan is followed?

Administrator will check and make sure that all the diabetes documentations are in the resident's documentation MAR or documentation book. (see documentations)

Completion Date: 06/06/2021

Update - 06/22/2021

Please send/Attach proof of staff training regarding compliance with this regulation. 6-22-21 - MM

Document Submission

Implemented

The documentation was submitted through the portal that proves compliance. The picture/documentation is labeled with the regulation number. Please contact if there any issues with reading the images.

Update - 08/30/2021

Verified - 8-27-2021 - [REDACTED]

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

Resident #3 has an order for insulin to be administered 3 times daily on a sliding scale with meals. On 04/30/21 no blood glucose reading was found in the resident's glucometer for the dinner time meal.

Plan of Correction

Do Not Accept

See last scan.pdf for correction plan.

Please enter an acceptable plan of correction in this area. 6-14-21 [redacted]

Completion Date: 06/13/2021

Plan of Correction

Accept

1) Why the regulation important?

To make sure that each resident has the medication as order by physician

2) How was the regulation violated?

The regulation was violated because on 4/30/21 there was no blood glucose reading on the glucometer.

3) Determine the root cause of the violation. Blood glucose was not taken because the resident refused and CMA neglected to write a note that she refused the reading of the blood glucose.

4) Plan of correction: Moving forward, anytime the resident refuses a medication or blood glucose reading ordered by physician, there will be a written note with an explanation on why the treatment or medication wasn't given.

5) To prevent future violations: Moving forward, even though they have knowledge all CMA are well informed that all refused medications must be documented and faxed to the doctor not just to call them and to keep said documents of the refusal.

6) Who will be responsible for preventing future violation?

The administrator will be responsible for preventing future violations by reeducating staff.

7) How will we monitor to make sure plan is followed? Check the MAR and all documentation to make sure each resident has his/her medications according to physician's orders.

Completion Date: 06/06/2021

Update - 06/22/2021

Please send/Attach proof of staff training regarding compliance with this regulation. 6-22-21 - [redacted]

Document Submission

Implemented

The documentation was submitted through the portal that proves compliance. The picture/documentation is labeled with the regulation number. Please contact if there any issues with reading the images.

Update - 08/30/2021

Verified On-site 7-14-2021 by [redacted]

190b - Insulin Injections

1. Requirements

2600.

190b - Insulin Injections (continued)

190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

Description of Violation

Resident #3 has an order for [redacted] to be administered 3 times daily on a sliding scale with meals. The home does not have any staff with current Department approved training in a diabetes patient education program by a certified diabetes educator as required for insulin administration.

Plan of Correction

Do Not Accept

See last scan.pdf for correction plan.

Please enter an acceptable plan of correction in this area. 6-14-21 [redacted]

Completion Date: 06/13/2021

Plan of Correction

Accept

1) Why the regulation important?

The regulation is important to ensure that all staff for administering insulin to residents.

2)How was the regulation violated? The home does not have any staff with current Department approved training in a diabetes patient education program by a certified diabetes educator as required for insulin medication. This was due to staff not able to renew diabetes certifications because of COVID-19 trainer was not giving training.

3) Determine the root cause of the violation. Not having staff with current insulin administration certifications to administer insulin to diabetic patients.

4) Plan of correction: Already corrected 6/10/21, staff was trained and has certifications on diabetes management.

5) To prevent future violations: The administrator will ensure that all staff will have current training for administering diabetes care (insulin).

6) Who will be responsible for preventing future violation? The administrator will be responsible to schedule certification renewals every year to make sure all staff has current training.

7) How will we monitor to make sure plan is followed? There will be a reminder posted on the office to remind staff to renew certifications 3 months before their expiration dates.

(see attachment picture)

Completion Date: 06/06/2021

Update - 06/22/2021

Please send/Attach proof of staff training. 6-22-21 - [redacted]

Document Submission

Implemented

The documentation was submitted through the portal that proves compliance. The picture/documentation is labeled with the regulation number. Please contact if there any issues with reading the images.

Update - 08/30/2021

Verified On-site 7-14-2021 by [redacted]

225c - Additional Assessment

1. Requirements

2600.

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

- 1. Annually.

225c - Additional Assessment (continued)

- 2. If the condition of the resident significantly changes prior to the annual assessment.
- 3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident #1's annual support plan was due to be completed [redacted] The annual support plan was not completed until [redacted]

Plan of Correction

Do Not Accept

See last scan.pdf for correction plan.

Please enter an acceptable plan of correction in this area. 6-14-21 [redacted]

Completion Date: 06/13/2021

Plan of Correction

Accept

1) Why the regulation important?

The regulation is important because each resident has additional Assessment every year and the annual support plan was complete late.

2) How was the regulation violated?

The regulation was violating because the Assessment and support plan was done late.

3) Determine the root cause of the violation.

Assessment and support plan were not done according to 2600.225c Additional Assessment.

4) Plan of correction:

5/10/2021 the administrator made a list where the last Assessment and Rasp is posted on the office where it can write the last date of the both Assessment, and Support Plan. Moving forward the administrator the assessment and support plan will be done according to 2600.225c every year and as needed for status changes.

5) To prevent future violations:

To prevent future violations the administrator will check the list weekly and the resident's chart every month.

6) Who will be responsible for preventing future violation? The Administrator is responsible for preventing future violation by checking the list and the resident chart to make sure that all resident has the support plan support plan correct all the time

7) How will we monitor to make sure plan is followed?

By checking the list and the resident chart to make sure that the assessment and the support plan are update every year and for significant change.

Completion Date: 06/06/2021

Document Submission

Implemented

The documentation was submitted through the portal that proves compliance. The picture/documentation is labeled with the regulation number. Please contact if there any issues with reading the images.

Update - 08/30/2021

Verified On-site 7-14-2021 by [redacted]