

Department of Human Services
Bureau of Human Service Licensing

June 10, 2021

██████████ OWNER/DIRECTOR
SUN VALLEY ACRES LLC
PO BOX 139, 108 SCHRADER AVENUE
GLEN CAMPBELL, PA 15742

RE: SUN VALLEY ACRES
108 SCHRADER AVENUE, PO BOX
139
GLEN CAMPBELL, PA, 15742
LICENSE/COC#: 44794

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 05/19/2021 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,
Larry Mazza

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC**

Facility Information

Name: SUN VALLEY ACRES **Licen e #:** 44794 **Licen e Expiration Date:** 07/20/2021
Addr e : 108 SCHRADER AVENUE, PO BOX 139, GLEN CAMPBELL, PA 15742
County: INDIANA **Region:** WESTERN

Administrator

Name: [REDACTED] **Phone:** 8148452100 **Email:** [REDACTED]

Legal Entity

Name: SUN VALLEY ACRES LLC
Address: PO BOX 139, 108 SCHRADER AVENUE, GLEN CAMPBELL, PA, 15742
Phone: 8148452100 **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 04/17/1979 **Issued By:** Dept L&I

Staffing Hours

Re ident Support Staff: 0 **Total Daily Staff:** 25 **Waking Staff:** 19

Inspection

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal, Complaint **Exit Conference Date:** 05/19/2021

Inspection Dates and Department Representative

05/19/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 30 **Residents Served:** 25

Secured Dementia Care Unit

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

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 20 **Are 60 Years of Age or Older:** 19
Diagnosed with Mental Illness: 5 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 0 **Have Physical Disability:** 1

Inspections / Reviews

05/19/2021 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 06/03/2021

Inspections / Reviews *(continued)*

6/7/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow Up Type: *POC Submission*

Follow-Up Date: *06/11/2021*

6/10/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *06/17/2021*

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

A copy of the licensing inspection summaries, dated 7/23/19 and 1/17/20, are not posted in a conspicuous and public place in the home.

Plan of Correction

Accept

- A. *During inspection on 5/19/21 it was discovered that a copy of the 7/23/19 inspection summary was missing from the public binder in living room #1.*
- B. *Correction was made on site inspection summary 7/23/19 was misplaced in office filing cabinet. Inspection summary was placed in public binder in living room #1.*
- C. *Moving forward, additional copies of inspection summaries will be placed in office filing cabinet, Administrator will review inspection binder to ensure all inspection summaries are properly filed.*

██████████/Administrator

Completion Date: 06/04/2021

25c6 - Refunds

1. Requirements

2600.

- 25.c. At a minimum, the contract must specify the following:
 - 6. The conditions under which refunds will be made, including the refund of admission fees and refunds upon a resident's death.

Description of Violation

Resident #5's resident-home contract, dated 4/1/21, indicates the refund policy is, "when resident passes away" and does not specify the specific conditions under which refunds will be made upon the resident's death.

25c6 - Refunds (continued)

Plan of Correction

Directed

A. During inspection on 5-19-21 it was discovered that the administrator did not specify on Resident #5's contract the result of fund(s) once resident passes away.

B. Correction was made on site by administrator specifying and documenting the result of refund(s) on Resident #5's contract.

C. Moving forward, administrator will revise and document all Resident's contracts the following: When resident passes way, any remaining fund(s)/charges will discontinue from Resident's contract/refund policy. Administrator will utilize a monthly tracking tool to document all resident's contract changes immediately in all files.

DIRECTED: Within 7 days of receipt of the plan of correction: All current resident-home contracts shall be reviewed for completeness, including the home's refund policy. Any resident-home contract that is found to be incomplete shall be updated and provided to the resident with a 30-day notice. The resident shall initial and date the changes. A copy of the updated resident-home contract shall be provided to the resident upon request. LM 6/10/21

██████████/Administrator

Completion Date: 06/09/2021

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

Residents #3 and #4 are prescribed blood sugar checks 3 times daily with meals for sliding scale insulin coverage. On 5/14/21, resident #3's glucometer was switched with resident #4's glucometer, and the incorrect glucometers were used to test each of the residents' blood sugars 3 times daily from 5/14/21 through 5/19/21.

85a - Sanitary Conditions (continued)

Plan of Correction**Directed**

A. During inspection on 5-19-21 it was discovered that second shift med staff did not notice that resident #3 and #4's glucometers were switched and placed in the wrong cases, and used from 5-14-21 through 5-19-21 three times daily.

B. Correction made on site, Senior Med Staff Supervisor discarded resident #3 and #4's glucometers and replaced them with new ones. Senior Med Staff Supervisor contacted Physician and Pharmacy of error which occurred.

C. Moving forward, Senior Med Staff Supervisor will complete a daily audit of all resident's requiring glucometers to ensure they are in correct cases before administration. Senior Med Staff Supervisor educated each Med Staff from each shift of immediate steps to be taken if med error occurs with resident's glucometers:

1. Immediately contact physician of glucometer error and implement further instructions.
2. Immediately contact Home Health Service if bloodwork/labs are required to determine cross contamination.
3. Immediately contact Pharmacy to have glucometer(s) replaced.
4. Replace all glucometer(s) batteries monthly.
5. Senior Med Staff Supervisor will monitor all resident's glucometer(s) when blood sugar's are taken daily.
6. Senior Med Staff Supervisor will place all resident's glucometer(s) in labeled cases inside individual labeled baskets in Med Room.
7. Senior Med Staff Supervisor will provide monthly staff education/training for all med staff.

DIRECTED: Within 24 hours of receipt of the plan of correction: The home shall purchase new glucometers, at the home's expense, for all residents who receive blood sugar checks. The new glucometers shall be clearly labeled with the resident's first and last name. LM 6/10/21

DIRECTED: Within 5 days of receipt of the plan of correction: All staff persons who administer medications should be reeducated on proper blood sugar testing procedures, which includes ensuring the resident's blood sugars are only tested with the resident's designated glucometer and that glucometers are to never be shared among residents. Documentation of the education shall be kept. LM 6/10/21

DIRECTED: Within 48 hours of receipt of the plan of correction: A designated staff person shall observe each staff responsible for diabetic care perform blood glucose checks. Each staff will be observed once per week for a period of 3 months. After which, each staff will be observed once per month for a period of 3 months. Documentation of the observations shall be maintained by the home for Department review. LM 6/10/21

██████████/Administrator

Completion Date: 06/09/2021

85e - Trash Outside Home

1. Requirements

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

85e - Trash Outside Home (continued)

Description of Violation

There was a small, uncovered trash can filled with trash in the gazebo.

Plan of Correction

Accept

- A. During inspection on 5/19/21 it was discovered a trash can under the resident pavilion in front of the Personal Care Home did not have a lid.
- B. Correction was made on site staff replaced old trash can with a new trash can and lid.
- C. Moving forward, during each shift staff will monitor trash can, empty and replace immediately with a new trash can and lid. Tracking log will be utilized for six weeks.

██████████/Administrator

Completion Date: 06/04/2021

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

At 9:47 am, the hot water temperature in bathroom #6 was 137.6 degrees Fahrenheit.

Plan of Correction

Directed

- A. During inspection on 5-19-21 it was discovered that staff did not measure or notify maintenance that the hot water temperature in bathroom #6 was 137.6 degrees fahrenheit.
- B. Correction was made on site, staff immediately notified maintenance that the water temperature in bathroom #6 was 137.6 degrees fahrenheit. Maintenance immediately arrived on site and adjusted the hot water temperature in bathroom #6 to 115 degrees fahrenheit.
- C. Moving forward, staff on each shift will measure hot water temperatures in all bathrooms with showers to ensure it is not excess of 120 degrees fahrenheit. Staff will utilize a hot water tracking tool to measure and document temperatures daily on each shift. All staff persons shall be educated Maintenance will be notified immediately if hot water temperature is in excess of 120 degrees fahrenheit. (DIRECTED: The staff education shall occur within 7 days of receipt of the plan of correction. Documentation of the education shall be kept. LM 6/10/21)

██████████/Administrator

Completion Date: 06/09/2021

92 - Windows

1. Requirements

92 - Windows (continued)

2600.

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

Description of Violation

There are no screens present in the windows located in the 2 TV rooms.

Plan of Correction

Directed

- A. During inspection on 5-19-21 it was discovered that maintenance did not install screens in living room #1 and #2's windows.
- B. Correction was made on site, maintenance purchased two screens for window's in living room's #1 and #2 and nstalled them.
- C. Moving forward, maintenance will inspect all windows in Personal Care Home to ensure they have screens properly installed. Any screens that may be damaged, or need replaced will be completed immediately. Maintenance will utilize tracking tool to monitor and document any damaged screens in Personal Care Home Windows.
DIRECTED: Within 5 days of receipt, then monthly thereafter: Maintenance shall inspect all operable windows to ensure all windows are in good repair and securely screened. LM 6/10/21)

██████████/Administrator

Completion Date: 06/09/2021

101j7 - Lighting/Operable Lamp

1. Requirements

2600.

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

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

Description of Violation

At 1:30 pm, resident #1's bedside lamp was unplugged. No other operable lamp or other source of lighting that can be turned on/off from bedside was present.

At 1:30 pm. resident #2's bedside lamp was approximately 3 feet from the bed and could not be turned on/off from bedside.

Plan of Correction

Accept

- A. During inspection on 5/19/21 it was discovered that resident #1's lamp was unplugged without an additional light source. Resident #3's lamp was three feet away from bed and could not be reached to turn off and on.
- B. Corrections were made on site resident #1's lamp was plugged in with additional light source available (lantern flashlight). Resident #3's lamp was placed bedside also with an additional light source (lantern flashlight).
- C. Moving forward, staff will ensure all resident's lamps are bedside, plugged in, operable and include an additional ight source (lantern flashlights). Tracking tool checklist will be provided for each shift for the next six weeks.

██████████/Administrator

Completion Date: 06/04/2021

103i - Outdated Food

1. Requirements

2600.

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

Description of Violation

The following dented cans of food were present in the storage pantry:

- A 100 oz. can of Sunfield whole potatoes
- A 106 oz. can of Regal fruit cocktail in light syrup
- A 112 oz. can of Café Classics banana pudding

The following undated food items were present in the kitchen's upright freezer:

- 5 bags of chicken breasts, containing approximately 6 breasts per bag
- 6 bags of boneless chicken thighs, weighing approximately 3 lbs. each

Plan of Correction

Directed

A. During inspection on 5-19-21 Personal Care Home Cook did not notify staff that 3 cans: 100 oz. Sunfield Whole Potatoes; 106 oz. Regal Fruit Cocktail and 112 oz. Cafe Classics banana pudding were dented.

B. Correction was made on site, Personal Care Home Cook discarded 3 dented cans into outside dumpster.

C. Moving forward, Personal Care Home Cook will monitor all food deliveries for any damaged items; notify staff immediately to call food service company to report damaged food items for return. Personal Care Home Cook will utilize a damaged items tracking tool to document damaged items delivered to Personal Care Home weekly to be replaced immediately. Outdated food items will be immediately documented and discarded into outside dumpster, replaced, labeled and dated.

DIRECTED: Within 7 days of receipt of the plan of correction: All staff persons shall be educated that dented cans are not to be used, and that all food items must be labeled and dated. Documentation of the education shall be kept. LM 6/10/21

DIRECTED: Within 24 hours of receipt of the plan of correction: A designated staff person shall inspect the home daily to ensure dented cans are removed from the food storage area so they are not used, and that all food items are labeled and dated. LM 6/10/21

██████████/Administrator

Completion Date: 06/09/2021

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

141a 1-10 Medical Evaluation Information (*continued*)

- 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. The evaluation must include the following:
1. A general physical examination by a physician, physician's assistant or nurse practitioner.
 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
 4. Special health or dietary needs of the resident.
 5. Allergies.
 6. Immunization history.
 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
 8. Body positioning and movement stimulation for residents, if appropriate.
 9. Health status.
 10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #5's initial medical evaluation, dated 3/30/21, does not include a list of the resident's current medications. The medication addendum section of the medical evaluation is blank.

Resident #6's initial medical evaluation, dated 5/27/20, indicates "see attached" in the medications addendum section; however, there is nothing attached to the medical evaluation.

REPEAT VIOLATION: 10/1/2019, et. al.

Plan of Correction**Directed**

- A. During inspection on 5-19-21 it was discovered that the administrator did not notice Resident #5's medical evaluation did not include a current medication list, and medication addendum was blank.*
- B. Corrections were completed on site, administrator attached Resident #5's current medication list to back of medical evaluation and completed blank medication addendum.*
- C. Moving forward, administrator will review and ensure all Resident's medical evaluation information has been completed. Administrator will utilize a a medical evaluation tracking tool checklist to document all required fields in all resident's files monthly. Physician's office will be notified immediately if any medical evaluation information is not completed.*
- D. During inspection on 5-19-21 it was discovered that administrator did not notice that Resident #6's initial medical evaluation dated 5-27-20 did not have an attached medical addendum.*
- E. Correction was made on site, administrator stapled medication's addendum behind the initial medical evaluation and placed in file.*
- F. Moving forward, administrator will review all resident's files to ensure that current medications addendum is stapled/attached to back, and utilize a monthly tracking tool checklist to document all resident's files. (DIRECTED: The review of current resident medical evaluations shall occur within 7 days of receipt of the plan of correction. Any medical evaluation found to be inaccurate or incomplete, shall immediately returned to the medical professional who completed the form. LM 6/10/21)*

██████████/Administrator

Completion Date: 06/09/2021

141b1 - Annual Medical Evaluation

1. Requirements

2600.

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

Description of Violation

Resident #1's most recent medical evaluation, dated 8/13/20, does not include the resident's height, weight or pulse rate. These sections of the form are blank. Also, the medication administration records (MAR's), which are attached as the medication addendum, are dated 8/17/20 and are not signed by a physician, physician's assistant or certified registered nurse practitioner who completed the evaluation.

Resident #3's most recent medical evaluation, dated 1/7/21, indicates "see attached MAR's" under the medication addendum; however, the attached MAR's are dated 1/19/21, and are not signed by a physician, physician's assistant or certified registered nurse practitioner who completed the evaluation.

REPEAT VIOLATION: 10/1/2019, et. al.; 7/23/2019

Plan of Correction

Directed

A. During inspection on 5-19-21 it was discovered that administrator did not notice Resident #1's most recent medical evaluation did not include resident's height, weight, or pulse rate. MAR's dated 8-17-20 were not signed by the physician, physician's assistant or certified registered nurse practitioner.

B. Correction was completed on site, administrator contacted Physician's office, physician's assistant completed resident's height, weight and pulse rate and signed MAR's.

C. Moving forward, administrator will review all resident's evaluations to ensure all fields are completed. Administrator will utilize medical evaluation tracking tool checklist to document all resident's files. Administrator will contact physician's office immediately if any information is missing on all resident's medical evaluations to be completed. (DIRECTED: The review of current resident medical evaluations shall occur within 7 days of receipt of the plan of correction. Any medical evaluation found to be inaccurate or incomplete, shall immediately returned to the medical professional who completed the form. LM 6/10/21)

D. During inspection on 5-19-21 it was discovered that administrator did not notice that Resident #3's most recent medical evaluation dated 1-7-21 under medication addendum, attached MAR's are dated 1-19-21 and not signed by a physician, physician's assistant or certified registered nurse practitioner.

E. Corrections were made on site, administrator contacted Physician's office, physician's assistant completed MAR signature.

F. Moving forward, administrator will review all resident's MAR's included with medical evaluation to ensure all fields are completed. Medical evaluation monthly tracking tool will be utilized for documentation of missing information, physician's office will be immediately notified by administrator if any missing information is found, and will be immediately completed by Physician, physician's assistant or certified registered nurse practitioner.

██████████/Administrator

Completion Date: 06/09/2021

171b5 - First Aid Kit

1. Requirements

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

171b5 - First Aid Kit (continued)

Description of Violation

The first aid kit in the white Chevrolet Suburban, which is used to transport residents, does not include eye coverings.


REPEAT VIOLATION: 7/23/2019

Plan of Correction

Directed

- A. During inspection on 5-19-21 it was discovered that the Personal Care Home Owner did not have eye covering in the first aid kit in the White Chevrolet Suburban used to transport resident's to their appointments.*
- B. Correction was made on site Personal Care Home Owner placed eye coverings in the first aid kit in White Chevrolet Suburban used to transport resident's to their appointments.*
- C. Moving forward, Administrator will examine first aid kits in Personal Care Home Owner's White Chevrolet Suburban and Red Mitsubishi used to transport all resident's to their appointments. Administrator will utilize tracking tool checklist to replace and document any used/damaged items in first aid kits before transporting any resident's to their appointments. (DIRECTED: Within 48 hours of receipt of the plan of correction: The tracking tool checklist shall be used weekly for one month, then monthly thereafter. LM 6/10/21)*

DIRECTED: Within 7 days of receipt of the plan of correction: All staff persons who transport residents shall be educated on the first aid contents in accordance with 2600.96a. If any items are removed from the first aid kit, they should immediately be replaced. Documentation of the education shall be kept. LM 6/10/21

/Administrator
Completion Date: 06/09/2021

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

Resident #3 is prescribed Humalog Kwikpen 100 unit/ml insulin-Inject subcutaneously 3 times daily with meals per sliding scale; however, the prescribed sliding scale is not indicated on the pharmacy label.

184a - Labeling OTC/CAM (continued)

Plan of Correction

Directed

- A. During inspection on 5-19-21 it was discovered that Med Staff did not notice Resident #3's sliding scale was not indicated on pharmacy label.
- B. Correction was made on site, Senior Med Staff Supervisor immediately contacted Pharmacy, Resident #3's Humalog Kwikpen and Sliding Scale were delivered in two separate boxes labeled accordingly.
- C. Moving forward, all resident's utilizing Humalog Kwik Pens and Sliding Scales will be delivered in two separate boxes, labeled accordingly by the Pharmacy. Senior Med Staff Supervisor will audit daily all resident's with Humalog Kwik Pens and Sliding Scales, Pharmacy will be contacted immediately if error occurs; Senior Med Staff Supervisor will provide monthly educations/additional training's for all Med Staff as required. (DIRECTED: The first staff education shall occur within 7 days of receipt of the plan of correction. The education shall include ensuring the pharmacy label on all prescription medications is present and accurate in accordance with prescribers' orders. LM 6/10/21).

██████████/Administrator

Completion Date: 06/09/2021

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 current date or time.

Plan of Correction

Accept

- A. During inspection on 5/19/21 it was discovered that resident #3's glucometer was not calibrated to the current date and time.
- B. Correction was made on site, Resident #3's glucometer was calibrated to current date and time.
- C. Moving forward, Med Staff will ensure all glucometer's are calibrated to current date and time. Tracking tool will be utilized to document for the next six weeks.

██████████/Administrator

Completion Date: 06/04/2021

190b - Insulin Injections

1. Requirements

2600.

- 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.

190b - Insulin Injections (continued)

Description of Violation

Direct care staff person A, who has not completed a Department-approved diabetes patient education program since 4/24/19, administered insulin to multiple residents on multiple days, including to resident #3 on 5/18/21 and to resident #4 on 5/4/21, 5/11/21, 5/15/21 and 5/16/21.

Plan of Correction

Directed

- A. During inspection on 5-19-21 it was discovered that Direct Staff Person A did not complete a Diabetes Education Program since 4-24-19.
- B. Correction completed on site, Senior Med Staff Supervisor scheduled a Diabetes Education Program immediately. Direct Care Staff Person A completed Diabetes Education Program.
- C. Moving forward, Senior Med Staff Supervisor will schedule all required Med Staff Training's at required facilities. All Med Staff training's will be copied and placed in Med Room training file, and in Med Training file in main office.

DIRECTED: Within 48 hours of receipt of the plan of correction: A designated staff person shall review the records of all staff persons who administer insulin to residents to ensure each staff person has successfully completed a Department-approved diabetes patient education program by a certified diabetes educator within the past 12 months. LM 6/10/21

DIRECTED: Within 48 hours of receipt of the plan of correction: A designated staff person shall develop a tracking system for all staff persons who administer insulin to residents to ensure each staff person successfully completes a Department-approved diabetes patient education program by a certified diabetes educator within the past 12 months. Documentation of the tracking system shall be kept. LM 6/10/21

/Administrator

Completion Date: 06/09/2021

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.

227d - Support Plan Medical/Dental (continued)

Description of Violation

Resident #1's most recent support plan, dated 8/13/20, does not indicate the specific plan to meet each of the resident's 16 medical diagnoses specified in the resident's most recent assessment, dated 8/13/20. The resident's support plan only indicates "takes medication as prescribed" as the plan to meet all 16 diagnoses.

Resident #3's most recent support plan, dated 1/17/21, does not indicate the specific plan to meet each of the resident's 11 medical and psychological diagnoses specified in the resident's most recent assessment, dated 1/7/21. The resident's support plan only indicates "takes medication as prescribed" as the plan to meet all 11 diagnoses.

Resident #5's most recent support plan, dated 4/1/21, does not indicate the specific plan to meet each of the resident's 14 medical diagnoses specified in the resident's most recent assessment, dated 4/1/21. The resident's support plan only indicates "takes medication as prescribed" as the plan to meet all 14 diagnoses.

Resident #6's most recent support plan, dated 6/9/20, does not indicate the specific plan to meet each of the resident's 7 medical and psychological diagnoses specified in the resident's most recent assessment, dated 6/9/20. The resident's support plan only indicates "takes medication as prescribed" as the plan to meet all 7 diagnoses.

Plan of Correction**Directed**

A. During inspection on 5-19-21 it was discovered that administrator did not complete Resident #1, #3, #5, and #6's specific plan to indicate each medication for each diagnoses on support plan.

B. Corrections were made on site, administrator completed a specific plan for Resident #1, #3, #5, and #6's medications for each diagnoses. "Takes medication as prescribed was eliminated and new support plan form completed.

C. Moving forward, administrator will complete all resident's specific plan for all medications for each diagnoses. Administrator will utilize a support plan tracking tool checklist weekly for any medication changes on all resident's support plans and complete immediately. (DIRECTED: Any change in resident condition shall be outlined in the resident support plan within 5 days of the change. LM 6/10/21)

DIRECTED: Within 7 days of receipt of the plan of correction: All current resident support plans shall be reviewed for accuracy and completeness. The audit shall also include a review of all resident diagnoses to ensure the specific plan to meet each diagnosis is outlined in the support plan. LM 6/10/21

██████████/Administrator

Completion Date: 06/09/2021

251b - Record Entries Legible

1. Requirements

2600.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

251b - Record Entries Legible (continued)

Description of Violation

Correction fluid was used on the following resident-home contracts to change the amount charged for room and board and for a bed hold:

- resident #1's resident-home contract, dated [REDACTED]
- resident #3's resident-home contract, dated [REDACTED]
- resident #5's resident-home contract, dated [REDACTED]
- resident #6's resident-home contract, dated [REDACTED]

Plan of Correction

Directed

A. During inspection on 5-19-21 it was discovered that Personal Care Home Owner used correction fluid on resident #1, #3, #5, and #6's resident contracts to change monthly rent increase.

B. Corrections were made on site, Administrator completed Resident's #1, #3, #5 and #6's resident contracts new page with black ink and placed in resident's files.

C. Moving forward, administrator will complete all resident's contracts for monthly rent amounts, and utilize a tracking tool checklist to document monthly that all resident's contracts will be completed with black ink. Correction fluid has been eliminated. All resident's contracts will be completed with black ink; legible; dated and signed.

DIRECTED: Within 7 days of receipt of the plan of correction: All staff persons shall be educated that correction fluid shall not be used on resident documents and any document outlined in 2600.252. Documentation of the education shall be kept. LM 6/10/21

[REDACTED] /Administrator

Completion Date: 06/09/2021