

Department of Human Services
Bureau of Human Service Licensing

July 18, 2022

[REDACTED]
INSPIRIT MACUNGIE OPERATOR LLC
6488 ALBURTIS ROAD
MACUNGIE, PA, 18062

RE: THE WILLOW, AN INSPIRIT SENIOR
LIVING COMMUNITY
6488 ALBURTIS ROAD
MACUNGIE, PA, 18062
LICENSE/COC#: 22681

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/20/2021, 05/26/2021, 05/28/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

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: THE WILLOW, AN INSPIRIT SENIOR LIVING COMMUNITY **License #:** 22681 **License Expiration:** 11/07/2021
Address: 6488 ALBURTIS ROAD, MACUNGIE, PA 18062
County: LEHIGH **Region:** NORTHEAST

Administrator

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

Legal Entity

Name: INSPIRIT MACUNGIE OPERATOR LLC
Address: 6488 ALBURTIS ROAD, MACUNGIE, PA, 18062
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: **Total Daily Staff:** 51 **Waking Staff:** 38

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint **Exit Conference Date:** 05/28/2021

Inspection Dates and Department Representative

05/20/2021 On Site [REDACTED]
05/26/2021 On Site [REDACTED]
05/28/2021 Off Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 67 **Residents Served:** 45

Secured Dementia Care Unit

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

Hospice

Current Residents: 4

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 44
Diagnosed with Mental Illness: 2 **Diagnosed with Intellectual Disability:** 1
Have Mobility Need: 6 **Have Physical Disability:** 2

Inspections / Reviews

05/20/2021 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/19/2021*

07/29/2021 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/05/2021*

10/04/2021 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *10/11/2021*

07/18/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

2600.

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

Description of Violation

Resident #1’s did not receive the prescribed [redacted] on [redacted]/21. The medication error was not reported to the Department.

Resident #2’s did not receive the prescribed [redacted] on [redacted]/21 and the [redacted] on [redacted]/21. The medication error was not reported to the Department.

Plan of Correction

Do Not Accept

2600.16c This regulation is important because reporting incidents allows the Department to respond promptly to serious situations, and offers homes the opportunity to provide information that may reduce the need for the Department to pursue additional information.

Action Owner Completion Date

ED reported med errors to
The department ED 7/16/21
The RCD will check eMARS
Weekly to ensure that all meds are
Given in a timely manner. RCD 7/12/21 and ongoing
if it is noted that there is a blank in
The eMAR, a State Reportable will be
Filled out immediately regarding such error. RCD 7/12/21 and ongoing
RCD will be sent to DHS
Office and copy made for resident’s chart. ED/RCD 7/12/21 and ongoing

Completion Date: 07/16/2021

Update: 07/21/2021

In order to complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, the Adm will also include staff training for all employees of the home to include ALL 19 events that are to be reported to the Department’s North Eastern Regional Office. Signature Sheets with the employees’ signatures will accompany the verification portion (Part 2) of the POC process.

Plan of Correction

Accept

2600.16c This regulation is important because reporting incidents allows the Department to respond promptly to serious situations, and offers homes the opportunity to provide information that may reduce the need for the Department to pursue additional information.

Action Owner Completion Date

16c - Written Incident Report (continued)

ED reported med errors to
 The department ED 7/16/21
 The RCD will check eMARS
 Weekly to ensure that all meds are
 Given in a timely manner. RCD 7/12/21 and ongoing
 f it is noted that there is a blank in
 The eMAR, a State Reportable will be
 Filled out immediately regarding such error. RCD 7/12/21 and ongoing
 RCD will be sent to DHS
 Office and copy made for resident's chart. ED/RCD 7/12/21 and ongoing

Completion Date: 08/04/2021

Document Submission**Implemented**

cannot speak for last year, however, both Dir of Wellenss and I have held several inservices regarding above. All inservices are kept in the ED's office in an Inservice book as well as Dir of Wellness has copies of nursing inservices. Res Rts inservice 1/25/22, MT class held in March and one week of June 20th which speak of med errors, incident reporting, etc., inservices held 1/10/22, 1/11/22, 1/18/22, 2/22/22, 4/3/22, and 6/8/22.

60a - Staff/Support Plan**1. Requirements**

2600.

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

Description of Violation

At time of inspection, the home served 45 residents, 6 of whom are identified to have mobility needs. In the event of a fire drill or emergency, specific mobility needs are as follows: one resident requires one staff person to continuously cue them until they evacuate outside; one resident requires one staff person to assist them to get into their wheelchair, as well as to propel them to a fire safe area; two residents require one staff person to propel them in their wheelchair to a fire safe area.

On the [REDACTED] of [REDACTED]/21, staff schedules indicate that Staff Person A worked by themselves from [REDACTED] am to [REDACTED] am.

Interviews and staff schedules for dates [REDACTED] 21, [REDACTED]/21, and [REDACTED]/21 indicate that the home usually has 2 direct care staff working on the overnight shift.

60a - Staff/Support Plan (continued)

It was determined that based upon the number of residents being cared for and the four residents with mobility needs requiring 1-on-1 staff assistance to evacuate, one staff person being present from [REDACTED] am to [REDACTED] am on [REDACTED]/21 was not sufficient to meet the needs of the residents in the event of a fire drill or other emergency which may require evacuation of the home based on their needs outlined in their assessment and support plan. Additionally, it was determined that 2 staff persons during third shift are not able to sufficiently meet the needs of the residents during fire drills or other emergency which may require evacuation of the home based on their needs outlined in their assessment and support plan.

Plan of Correction**Do Not Accept**

2600.60a This regulation is important because it ensures that there are sufficient staff persons on duty at all times to meet the residents' needs.

Action: Owner: Completion Date:

1. ED will fill in as needed as ED and RDW 6/18/2021 and ongoing

Well as RWD or other managers.

If this is not possible, agency will

Be brought in.

The Willow has signed 7 contracts

With agencies to help supplement

Staffing needs. ED/BOM 7/10/21

The Willow continues to have postings

On Indeed. RDO 6/30/21 and ongoing

The Willow continues to actively have interviews

And orientation. ED/RCD 6/30/21 and ongoing

The Willow will have 3

Staff members on staff during the

Overnight shift. ED/RCD 7/12/21 and ongoing

Completion Date: 07/12/2021

Update: 07/21/2021

In order to complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, the Adm will include in the 1st step of the POC that at least every week the Adm and the RDW will meet and review the current census and resident needs, particularly mobility needs and cognitive functioning in order to determine how many staff will be needed in order to be in compliance with Regulation 2600.60a.

In order to comply with Step 2, the Verification Process, the Adm will submit copies of signed contracts, job postings, copies of internal incentives in they are part of the efforts to fill vacancies in the schedule, and a copy of the most recent weekend worked, including the actual timecards that were completed.

60a - Staff/Support Plan (continued)

█, 7-21-21.

Plan of Correction**Accept**

2600.60a This regulation is important because it ensures that there are sufficient staff persons on duty at all times to meet the residents' needs.

Action: Owner: Completion Date:

1. ED will fill in as needed as ED and RDW 6/18/2021 and ongoing Well as RWD or other managers. If this is not possible, agency will be brought in.

The Willow has signed 7 contracts with agencies to help supplement staffing needs. ED/BOM 7/10/21 The Willow continues to have postings on Indeed. RDO 6/30/21 and ongoing The Willow continues to actively have interviews and orientation. ED/RCD 6/30/21 and ongoing The Willow will have 3 staff members on staff during the overnight shift. ED/RCD 7/12/21 and ongoing

Completion Date: 10/03/2021

Document Submission**Implemented**

cannot speak of the past staffing issues, however, while we do not have agency in the community currently, I have reached out to █ from Brightstar, Dedicated Nurses Agency, Amada Senior Care, Patient Centered HC Staffing, and Millbrook Staffing which is our markerter's wife business from a sister community. We are on Indeed still looking to acquire additional staff, have internal incentives, and the company has hired a Recruiter for our PA properties. In the case of understaffing, the Dir. of Wellness and I will reach out as needed in order to keep our community in compliance or schedule ourselves for staffing.

85a - Sanitary Conditions**1. Requirements**

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

At time of inspection, the rugs in resident room █ were heavily stained and dirty. The bathroom in resident room █ had brown splatter that appeared to be fecal matter on the toilet bowl and on the floor in front of the toilet bowl.

Plan of Correction**Do Not Accept**

2600.85a This regulation is important because it greatly minimizes the risk of resident illness, rodent and insect

85a - Sanitary Conditions (continued)

infestation, and provides dignified living conditions for residents.

Action: Owner: Completion Date:

Room # [redacted] rug was cleaned that Housekeeping/[redacted]/21

Day. [redacted] rug was shampooed Maintenance

Room cleaning schedule was

Implemented to ensure that

All rooms are cleaned Housekeeping/

Maintenance 7/12/21 and ongoing

Resident's bathroom was cleaned

That day as well. Housekeeping [redacted]/21

Completion Date: 07/12/2021

Update: 07/21/2021

The Adm will also address the condition of the bathroom in the POC.

In order to complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, the Adm will also include a checklist or Audit Tool that is actually IN USE to show how the home is moving forward in their effort to avoid future violations.

[redacted], 7-21-21

Plan of Correction

Accept

2600.85a This regulation is important because it greatly minimizes the risk of resident illness, rodent and insect infestation, and provides dignified living conditions for residents.

Action: Owner: Completion Date:

Room [redacted]'s rug was cleaned that Housekeeping/[redacted]/21

Day. [redacted] rug was shampooed Maintenance

Room cleaning schedule was

Implemented to ensure that

All rooms are cleaned Housekeeping/

Maintenance 7/12/21 and ongoing

Resident's bathroom was cleaned

That day as well. Housekeeping [redacted] 21

Completion Date: 10/04/2021

Document Submission

Implemented

With new management and in speaking with Resident in Rm [redacted] [redacted] is on the cleaning schedule for every other

85a - Sanitary Conditions (continued)

week at [redacted] own request. [redacted] is scheduled every other Friday. per the cleaning routine for each room, housekeeper does the rug vacumming, bathroom cleaning , and dust furniture as allowed by resident in that room.

88a - Surfaces

1. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

The coffee and drink station in the home's dining area was damaged by a leak that occurred, causing a black mold like substance to appear in the cabinets underneath.

Plan of Correction

Accept

2600.88a This regulation is important because safe surfaces help to maintain sanitary conditions in the home, minimize the risk that residents will suffer an injury while ambulating, and provide dignified living conditions.

Action: Owner: Completion Date:

Mold like area was sprayed with

Appropriate cleaning solution Maintenance 5/24/21

Corporate has agreed to have area

Cleaned and repaired ED 7/20/21

Area will be cleaned properly,

And kitchenette will be repaired

Or replaced along with flooring Maintenance will take photos and report as soon repaired

All leaks in kitchen area will be reported

Immediately to Maintenance FSD 7/20/21

All leaks will be repaired as soon as

Reported and area will be checked

For any mold or other issues Maintenance 7/20/21 and ongoing

Completion Date: 07/20/2021

Document Submission

Implemented

New Ed and maintenance director doubled checked this area and found no mold issues.

89b Hot Water Temperature

1. Requirements

2600.

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

89b - Hot Water Temperature (continued)

Description of Violation

The hot water measured 133.1 degrees Fahrenheit in Room [REDACTED].

The hot water measured 138.5 degrees Fahrenheit in Room [REDACTED].

The hot water measured 133.7 degrees Fahrenheit in Room [REDACTED].

The hot water measured 124.5 degrees Fahrenheit in Room [REDACTED].

Plan of Correction

Accept

2600.95 This regulation is important because furniture and equipment that is clean, free of hazards, and in good repair helps to maintain sanitary conditions in the home and minimize the risk that residents will suffer an injury while using the furniture or equipment.

Action: Owner: Completion Date:

The water temperature was Maintenance 5/20/21

Decreased that day

Water temperature was rechecked in

Rooms [REDACTED] Maintenance 7/16/21

Water temperatures will be checked

Weekly in each level of the building

And in various areas. These temperatures

Will be documented Maintenance 7/16/21 and ongoing

Any temperature over 120 will be reported

To the ED and the temperature will be reduced

n the boiler room Maintenance 7/16/21 and ongoing

Completion Date: 07/12/2021

Document Submission

Implemented

Maintenance Director uses the TELS system and documents the recordings of the rooms [REDACTED] checks weekly.

95 - Furniture and Equipment

1. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

The pipes under the sink in the back right corner of the home's kitchen leak when the water is turned on.

95 - Furniture and Equipment (continued)

In resident room [REDACTED] the pipe behind the toilet is leaking and there was a small pool of water accumulated behind the toilet.

Plan of Correction**Directed**

2600.95 This regulation is important because furniture and equipment that is clean, free of hazards, and in good repair helps to maintain sanitary conditions in the home and minimize the risk that residents will suffer an injury while using the furniture or equipment.

Action: Owner: Completion Date:

The pipes in the kitchen

Were fixed Maintenance 5/28/21

The toilet in [REDACTED] was

Fixed and area cleaned Maint. 5/28/21

All leaky pipes are to be fixed

As soon as reported Maint. 7/20/21 and ongoing

Directed Plan of Correction:

In addition to the above steps, the Adm will ensure that the Maintenance Department has someone who is making intermittent rounds of the plumbing in the building to ensure that all plumbing functions are in good repair and when problems are noted, the Adm will be notified within 1 calendar day and actions will be undertaken to make timely repairs.

[REDACTED] 7-21-21

Completion Date: 07/20/2021

Document Submission**Implemented**

New Maintenance director makes daily rounds which include going into kitchen area and speaking to staff. No leaks noted. Also [REDACTED] has a clip board attached to [REDACTED] office door where staff can write down anything that needs repairs. [REDACTED] checks this on a daily basis. Directors also let [REDACTED] know in our daily stand up meeting of things needing [REDACTED] attention.

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.

121a - Unobstructed Egress (continued)

Description of Violation

The emergency exit near the first floor boiler room required excess force to open when it is fully latched closed.

The home's staff turn off the automatic door sensor of the home's front door at night, as well as lock the door. Interviews indicate that not all residents know how to operate and open this door in the event of a fire or emergency.

Plan of Correction

Do Not Accept

2600.121a This regulation is important to keep exits unblocked so people can escape in an emergency situation.

Action: Owner: Completion Date:

WD40 was sprayed

On the hinges of the

Fire door exit to make it

Easier to open Maint. 5/28/21

Sign was placed at door

Explaining how to unlock

Door, if locked, or in the


Event of an emergency,

How open doors quickly ED 5/28/21

Front door is locked at night for security reasons only.

Directed Plan of Correction:

This plan will only be acceptable if ALL residents in the building are able to understand and operate the door independently. Otherwise this would be considered a mechanical restraint and is prohibited.

 7-21-21

Completion Date: 05/28/2021

Update: 07/21/2021

Plan of Correction

Accept

2600.121a This regulation is important to keep exits unblocked so people can escape in an emergency situation.

Action: Owner: Completion Date:

WD40 was sprayed

On the hinges of the

Fire door exit to make it

Easier to open Maint. 5/28/21

Sign was placed at door

Explaining how to unlock

121a - Unobstructed Egress (continued)

Door, if locked, or in the
Event of an emergency,
How open doors quickly ED 5/28/21
Front door is locked at night for security reasons only.

Directed Plan of Correction:

This plan will only be acceptable if ALL residents in the building are able to understand and operate the door independently. Otherwise this would be considered a mechanical restraint and is prohibited.

█, 7-21-21

Completion Date: 07/22/2021

Document Submission

Implemented

Maintenance Director checked this and had no issues opening the door. Residents have been using the back door to enjoy the tables, chairs, and umbrella's without incident.

130e - Hearing Impairment**1. Requirements**

2600.

130.e. If one or more residents or staff persons are not able to hear the smoke detector or fire alarm system, a signaling device approved by a fire safety expert shall be used and tested so that each resident and staff person with a hearing impairment will be alerted in the event of a fire.

Description of Violation

The fire alarm was activated on █ 21 at █ am. Through interviews, it was determined that Resident #7 did not hear the fire alarm because they do not wear hearing aids when they sleep. The home does not have a signaling device approved by a fire safety expert and tested to ensure that Resident #7 is alerted in the event of a fire.

Plan of Correction

Accept

2600.130e This regulation is important because a device that alerts residents and staff who are hearing impaired of a fire offers them the same protection from fires as residents and staff who are not hearing impaired. Use of a device instead of people eliminates the possibility that a resident will not be alerted if the staff are incapacitated.

Action: Owner: Completion Date:

The Fire safety Expert was

Contacted to see what device

To order and from where Maint. 7/16/21

Device ordered Maint 7/16/21

Device arrived BOM 7/20/21

Device attached and connected

to fire system. Maint. 7/20/21

130e - Hearing Impairment (continued)

Completion Date: 07/20/2021

Document Submission

Implemented

Device remains intact in residents room.

132h - Designated Meeting Place

1. Requirements

2600.

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

The fire alarms activated on [REDACTED] 21 at [REDACTED] am. Interviews with staff and residents indicated that not all of the residents were evacuated to the outside of the building or to an internal fire safe area.

Plan of Correction

Directed

2600.132h This regulation is important because designated meeting places and communication systems ensure that residents are accounted for during actual fires to ensure total evacuation and prevent death or injury from wandering.

Action: Owner: Completion Date:

Staff training occurred as to Maintenance 6/23/21

Fire alarm procedures and evacuations

Annual fire drill training will occur as per

Regulation ED/ Fire Expert Annually

Monthly fire drill training will occur

And review of staff performance or

Staff concerns will be discussed. ED/Maint. Monthly

Directed Plan of Correction:

For repeated offenses, the first offense will follow with a written warning to the Resident. The second offense will follow with a Written 30 Day Notice to the Resident.

[REDACTED] 7-21-21

Completion Date: 06/23/2021

132h - Designated Meeting Place *(continued)*

Update: 07/21/2021

Upon reinstatement of the Regulations under the Governor's Order, the Adm will submit a copy of the Home's Fire Drill Log following the first monthly Fire Drill to the North Eastern Regional Office, Attn: [REDACTED] for review.

[REDACTED] 7-21-21

Document Submission

Implemented

This was submitted in last POC and reviewed by [REDACTED] --surveyor. New ED makes annual Fire Drill Log and Training nservice first week of January for the upcoming year. New ED did this the wekk of Jan 24th [REDACTED] for this community for the year and it was accepted and reviewed by the FSE.

141b1 - Annual Medical Evaluation

1. Requirements

2600.

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

Description of Violation

Resident #8's most recent Medical Evaluation was completed on 1 [REDACTED] /19, which exceeds the annual timeframe required by this regulation.

Plan of Correction

Accept

2600.141b1 This regulation is important because accurate updated medical information helps homes decide whether a resident's needs can be met at the home, helps the home develop accurate assessments and support plans, and ensures that resident's medical needs will be met.

Action: Owner: Completion Date:

Resident #8's DME will be completed

please identify Resident #8) ED ASAP

All DME and RASPs will be updated

As per regulation RCD 7/20/21 and ongoing

Spreadsheet will be used to keep

Track of all DMEs and RASPs. RCD 7/20/21 and ongoing

F RCD is unable to complete paperwork

n a timely manner ED will assist. ED 7/20/21 and ongoing

Completion Date: 07/20/2021

Document Submission

Implemented

New Wellness Director had gone through all resident files upon arrival to community and set up a tickler system and utilizes [REDACTED] calendar to ensure complince.

181c - Self-administration Assessment

1. Requirements

2600.

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

Description of Violation

Resident #3 self-administers medications. The residents most recent DME dated [REDACTED]/20 notes the resident can self-administer with assistance in opening the container or locked storage area.

Plan of Correction

Accept

2600.181c This regulation is important because it ensures that residents who wish to self-administer medications are able to do so safely.

Action: Owner: Completion Date:

The RCD will check on all

Residents who are deemed independent

With medications quarterly. RCD 7/12/21 and ongoing

The checklist will include the RCD 7/12/21 and ongoing

Following questions:

Is the resident able to

Recognize and distinguish their medications,

Does the resident know how much

Medication to take, Does the resident

Know when to take their medication, is the resident

able to remove the med from the container, and

Is the resident able to take or apply the medication.

Completion Date: 07/12/2021

Document Submission

Implemented

New Wellnes director---Jan/22---utilizes a company form to assess residents safety with self medication.

183b - Meds and Syringes Locked

1. Requirements

2600.

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

Resident #1 [REDACTED] were in the resident's room unlocked and accessible. The resident is unable to self-administer medications.

183b - Meds and Syringes Locked (continued)

Plan of Correction

Accept

2600.183b This regulation is important because medications and syringes will be safe from contamination, spillage or theft and residents who are unable to self-administer medications will be safe from harming themselves with the medication.

Action: Owner: Completion Date:

The [redacted] were taken
Out of the resident's room
That day. ED 5/20/21
Resident's rooms will be audited, with
Their permission and or presence,
To make sure they do not
Have any medications in their
Room that they are not supposed to
Have. RCD 7/12/21 and ongoing
If meds are found, it will be explained
To the resident that according to their
Doctor, they may not self-administer
Their own medications RCD 7/12/21 and ongoing

Completion Date: 07/12/2021

Document Submission

Implemented

requires no submission

183d - Prescription Current

1. Requirements

2600.

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

Description of Violation

Resident #1 s [redacted] was in the medication cart but is not a current order.

Plan of Correction

Accept

RCD will be responsible for
Doing a weekly med cart audit RCD 7/12/21 and ongoing
Night shift supervisor will be
Responsible for double checking
Med carts for accuracy. MT 7/12/21 and ongoing
Any inaccuracies will be corrected
Immediately such as OTC without
Resident names, D/C meds, etc. RDC/MT 7/12/21 and ongoing

Completion Date: 07/12/2021

183d - Prescription Current *(continued)*

Document Submission

Implemented

requires no additional submission from last year

184b - Resident's Meds Labeled

1. Requirements

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

Resident #1's [REDACTED] did not have the resident's name on the bottle.

Plan of Correction

Accept

2600.184b This regulation is important because it will be clear to the home's staff persons as to whom the OTC medication or CAM belongs.

Action: Owner: Completion Date:

Resident's name was added to the Medication. ED 5/20/21

RCD will be responsible for

Doing a weekly med cart audit RCD 7/12/21 and ongoing

Night shift supervisor will be

Responsible for double checking

Med carts for accuracy. MT 7/12/21 and ongoing

Any inaccuracies will be corrected

immediately such as OTC without

Resident names, D/C meds, etc. RDC/MT 7/12/21 and ongoing

Completion Date: 07/12/2021

Document Submission

Implemented

requires no additional submission from last year

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 #1's [REDACTED] count sheet for [REDACTED] notes 20.5 pills, but the count for the actual pills is only 20.

Plan of Correction

Accept

2600.185a This regulation is important because it reduces the risk that medications and medical equipment will be misplaced, lost, or misused.

185a - Implement Storage Procedures (continued)

Action: Owner: Completion Date:

The pharmacy was notified regarding

The miss counting of resident's [REDACTED]

As [REDACTED] was receiving a half tablet per dose.

Had them change it to per dose not per tablet. ED 5/20/21

RCD/Lead MT/11-7 supervisor will check narcotics

3 times per week. RCD/MT/supervisor 7/12/21 and ongoing

Any discrepancies will be reported

Immediately to the ED, state and police RCD/MT/supervisor 7/12/21 and ongoing

Completion Date: 07/12/2021

Document Submission

Implemented

requires no additional submission from last year

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:

Description of Violation

Resident #1's [REDACTED] did not have a diagnosis or purpose listed on the MAR.

Resident #4's [REDACTED] is not listed on the MAR.

Plan of Correction

Accept

2600.187a This regulation is important because the home's staff persons will be able to track all medications a resident receives and to ensure all medications are administered as prescribed.

Action: Owner: Completion Date:

Resident's eMAR was corrected. Diagnosis

Was placed on eMAR. ED 5/20/21

When RCD does eMAR check, all

Medications will be checked for

Diagnosis or purpose. RCD 7/12/21 and ongoing

Completion Date: 07/12/2021

187a - Medication Record (continued)

Document Submission

Implemented

Polaris, our new pharmacy, sends in Pharmacist to double check that this regulation is met. MT's review this daily as they give medications and Wellness Director or Resident Care Coordinator review to be sure this information is updated in our EMAR system.

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

Resident #1 did not receive the prescribed [redacted] on [redacted] 21.

Resident #2 did not receive the prescribed [redacted] on [redacted] /21 and the [redacted] on [redacted] /21.

Plan of Correction

Directed

2600.187d This regulation is important because it ensures that residents receive medications and treatments as ordered by a physician.

Action: Owner: Completion Date:

he RCD will check eMARS

Weekly to ensure that all meds are

Given in a timely manner. RCD 7/12/21 and ongoing

f it is noted that there is a blank in

he eMAR, a State Reportable will be

illed out immediately regarding such error. RCD 7/12/21 and ongoing

RCD will be sent to DHS

Office and copy made for resident s chart. ED/RCD 7/12/21 and ongoing

Directed Plan of Correction

The Adm may want to consider checking Daily instead of Weekly as some medication are essential. If a medication is ESSENTIAL and the prescriber must be notified of a medication error or missed dose, the home will want to know immediately what the instructions are from the prescriber

[redacted] 7-21-21

Completion Date: 07/12/2021

Update: 07/21/2021

187d - Follow Prescriber's Orders (*continued*)**Document Submission****Implemented**

Wellness Director is able to get into the EMAR system and spot checks daily. MT's have had monthly meetings in the nursing department regarding this regulation since January when WD started. They have been instructed to bring this to the WD's attention so [REDACTED] can notify doctor and get to the root cause of why MT's are not following prescriber's orders and correct [REDACTED] findings.

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 did not receive the prescribed [REDACTED] on [REDACTED]/21. The prescriber was not notified regarding the medication error.

Resident #2 did not receive the prescribed [REDACTED] on [REDACTED]/21 and the [REDACTED] on [REDACTED] 21. The prescriber was not notified regarding the medication error.

Plan of Correction**Accept**

2600.188b This regulation is important because it ensures that medication errors are handled appropriately to avoid resident injury as a result of the error.

The [REDACTED] and [REDACTED] are OTC medications. Not prescribed medications.

Action: Owner: Completion Date:

PCPs of residents #1 and 2 were

Notified of errors ED 5/25/21

The RCD/ Lead MT/11-7 supervisor will report any medication

Errors as soon as they are found to the

State. RCD/MT/supervisor 7/12/21 and ongoing

The RCD will call the resident's

Designated person/POA to

Inform them as to what happened. RCD 7/12/21 and ongoing

The RCD will report med error to the

Resident's MD as to error and any side effects,

If any. RCD 7/12/21 and ongoing

The RCD will train med-tech that is responsible

For error as to proper procedure. RCD 7/12/21 and ongoing

188b - Medication Error Reporting (continued)

Completion Date: 07/12/2021

Document Submission

Implemented

requires no additional submission from last year

225c - Additional Assessment

1. Requirements

2600.

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

1. Annually.

Description of Violation

Resident #5's most recent assessment portion of the RASP was completed on [REDACTED]/20, exceeding the annual timeframe as required by this regulation.

Plan of Correction

Accept

2600.225c This regulation is important because it allows homes to create a comprehensive profile of a resident's needs and serves as the basis for the plan to meet those needs.

Action: Owner: Completion Date:

RASP was completed and gone

Over with resident ED 5/24/21

RCD will be responsible for annual

And updated RASPs. RCD 7/12/21 and ongoing

RCD will show ED documentation

Of RASPs done and upcoming RASPs. RCD 7/12/21 and ongoing

Completion Date: 07/12/2021

Update: 07/21/2021

The Adm will incorporate a tracking/calendar system in order to assist in organizing and scheduling the annual assessment/reassessment dates for residents.

[REDACTED], 7-21-21

Document Submission

Implemented

New Dir of Wellnes has a tickler system in place and utilizes [REDACTED] calendar posted in [REDACTED] office to ensure compliance.

227d - Support Plan Medical/Dental

1. Requirements

2600.

227d - Support Plan Medical/Dental (continued)

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

Resident #6's RASP dated [REDACTED]/20 is incomplete. There is nothing noted for description of service need, plan to meet the need, frequency, and responsible party. The social and recreational portion is completely blank. Interviews indicated that the resident likes to go out garden and pull weeds. The RASP has not been updated to reflect the residents current care needs.

Resident #5's RASP dated [REDACTED] 20 is incomplete. There is nothing noted for description of service need, plan to meet the need, frequency, and responsible party. The social and recreational portion is completely blank. Interviews indicated that the resident likes help fold laundry with staff members. The residents RASP has not been updated to reflect the residents current care needs.

Resident #3's RASP dated [REDACTED]/20 is incomplete. There is nothing noted for description of service need, plan to meet the need, frequency, and responsible party. The social and recreational portion is completely blank. Interviews indicated that the resident likes to walk around the building for exercise. Nursing notes indicate the resident is very paranoid, insistent he/she is being robbed, mentally unstable and putting the dresser in front of the doorway. The RASP has not been updated to reflect the residents current care needs.

Plan of Correction**Accept**

2600.227d This regulation is important because it ensures that each resident's needs are met as those needs change, and that accountability for meeting those needs is firmly established.

Action: Owner: Completion Date:

All DME and RASPs will be updated

As per regulation RCD 7/20/21 and ongoing

Spreadsheet will be used to keep

Track of all DMEs and RASPs. RCD 7/20/21 and ongoing

F RCD is unable to complete paperwork

n a timely manner ED will assist. ED 7/20/21 and ongoing

All RAPs were updated ED 7/20/21

Completion Date: 07/20/2021

Document Submission**Implemented**

New Dir of Wellness has a tickler system in place to ensure compliance is met with this regulation. [REDACTED] in January [REDACTED] went through each RASP to be sure they were completed and also was made aware of this regulation going forward.