

Department of Human Services
Bureau of Human Service Licensing

June 17, 2021

██████████ OWNER
BRISTOL HOUSE MEMORY CARE LLC
PO BOX 564
GWYNEDD VALLEY, PA 19437

RE: BRISTOL HOUSE MEMORY CARE
2527 BRISTOL ROAD
WARRINGTON, PA, 18976
LICENSE/COC#: 14458

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/27/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Shawn Parker

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: BRISTOL HOUSE MEMORY CARE **License #:** 14458 **License Expiration Date:** 11/11/2021
Address: 2527 BRISTOL ROAD, WARRINGTON, PA 18976
County: BUCKS **Region:** SOUTHEAST

Administrator

Name: [REDACTED] **Phone:** 1 267-664-4330 **Email:** [REDACTED]

Legal Entity

Name: BRISTOL HOUSE MEMORY CARE LLC
Address: PO BOX 564, GWYNEDD VALLEY, PA, 19437
Phone: 2154911501 **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: I-2 **Date:** 03/19/2019 **Issued By:** Warrington Township

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 46 **Waking Staff:** 35

Inspection

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Fine **Exit Conference Date:** 05/27/2021

Inspection Dates and Department Representative

05/27/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 48 **Residents Served:** 23

Secured Dementia Care Unit

In Home: Yes **Area:** Entire Building **Capacity:** 48 **Residents Served:** 23

Hospice

Current Resident: 0

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 23
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 23 **Have Physical Disability:** 0

Inspections / Reviews

05/27/2021 - Partial

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *06/14/2021*

6/14/2021 POC Submission

Lead Reviewer: [REDACTED]

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

6/17/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

3c - Post Current License

1. Requirements

2600.

- 3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 5/27/21 the home's current license and current violation report, dated 10/20/20 was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept

Executive Director will post violation report 10/20/20 and will check weekly. Executive director will do weekly checks of the current license, a copy of the current license inspection summary issued by the department and a copy of this chapter.

Completion Date: 06/14/2021

Document Submission

Implemented

Picture was added to attachment by executive director. Executive Director will post violation report 10/20/20 and will check weekly. Executive director will do weekly checks of the current license, a copy of the current license inspection summary issued by the department and a copy of this chapter.

85a Sanitary Conditions

1. Requirements

2600.

- 85.a. Sanitary conditions shall be maintained.

Description of Violation

On 5/27/21 evidence of shared glucometers was observed. The following glucose readings for resident #1 were found on the glucometer belonging to resident #2:

- 5/18/21 2:56pm reading of 309
- 5/18/21 10:14am reading of 247
- 5/18/21 6:59am reading of 189
- 5/17/21 3:18pm reading of 136
- 5/17/21 10:22am reading of 288
- 5/17/21 7:23am reading of 136
- 5/16/21 3:31pm reading of 57

85a - Sanitary Conditions (continued)

Plan of Correction**Accept**

Executive Director trained the following staff on 6/1/21 on glucometer training. The training involved showing them the following PowerPoint and thoroughly reading, asking any questions and making sure they have a full understanding of the glucometer training. On page 6 we thoroughly went over the safety concerns of handling glucometers. We made all med techs aware that there is absolutely no sharing. They are to notify director of nursing and executive director if there is a glucometer machine that is not working. We also ordered house stock glucose monitoring systems to have on hand if equipment does break. We also ordered test strips, control solution for house stock. Additional we are starting fresh with new glucometers for residents 1 and 2. Executive Director and nursing director will be doing a weekly glucometer calibration and quality control log (attached is an example of the log we will be using).

Attachments are included pages 1 through 45

Completion Date: 06/14/2021

Document Submission**Implemented**

Executive Director trained the following staff on 6/1/21 on glucometer training. The training involved showing them the following PowerPoint and thoroughly reading, asking any questions and making sure they have a full understanding of the glucometer training. On page 6 we thoroughly went over the safety concerns of handling glucometers. We made all med techs aware that there is absolutely no sharing. They are to notify director of nursing and executive director if there is a glucometer machine that is not working. We also ordered house stock glucose monitoring systems to have on hand if equipment does break. We also ordered test strips, control solution for house stock. Additional we are starting fresh with new glucometers for residents 1 and 2. Executive Director and nursing director will be doing a weekly glucometer calibration and quality control log (attached is an example of the log we will be using).

Attachments are included pages 1 through 45

85d - Trash Receptacles

1. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 5/27/21 at 10:15am there was a half full, uncovered, unattended trash can in the Yellow Finch area kitchen.

Plan of Correction**Accept**

Executive Director will be checking trash can lids weekly and signing off on the weekly log. Discussed with all med techs the importance to keep an eye on all trash can lids located in the building. Training was done on 6/1/21.

See attachment for weekly log and staff training plan. Pages 46 through 47

Completion Date: 06/14/2021

Document Submission**Implemented**

Picture was added to attachment by executive director. Executive Director will be checking trash can lids weekly and signing off on the weekly log. Discussed with all med techs the importance to keep an eye on all trash can lids located in the building. Training was done on 6/1/21.

See attachment for weekly log and staff training plan. Pages 46 through 47

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.

Description of Violation

On 5/27/21 at 10:15am the outside dumpster lid was open and not in use.

Plan of Correction**Accept**

Executive Director will be checking trash can lids outside weekly and signing off on the weekly log. Discussed with all med techs the importance to keep an eye on all trash can lids located in the outside. Training was done on 6/1/21. See attachment for weekly log and staff training plan. Pages 46 through 47

Completion Date: 06/14/2021

Document Submission**Implemented**

Picture was added to attachment by executive director. Executive Director will be checking trash can lids outside weekly and signing off on the weekly log. Discussed with all med techs the importance to keep an eye on all trash can lids located in the outside. Training was done on 6/1/21. See attachment for weekly log and staff training plan. Pages 46 through 47

182b - Prescription Medication

1. Requirements

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person A administered medications to residents of the home on the following dates: 5/2/21 and 5/3/21, and 5/10/21 to 5/13/21. Staff person A is not a staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Plan of Correction**Directed**

Executive Director and nursing director will check med tech certifications before they work on the cart. Employee staff member A is no longer at Bristol House Memory Care.

DPOC SP 06 14 2021 Administrator will ensure prescription medications are only administered by staff persons who fit the criteria of regulation 2600.182b

Completion Date 06/14/2021

Document Submission**Implemented**

Executive Director and nursing director will check med tech certifications before they work on the cart. Employee staff member A is no longer at Bristol House Memory Care.

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

On 5/27/21 a medication pill organizer belonging to resident #3 was observed in the medication cart. The organizer had several various pills in 4 of the sections. The organizer did not have instructions for administration or labels for any of the medications in the organizer. As per staff person B, staff of the home have been administering resident 3's medications directly from this organizer for approximately 1 week as the home has not received refills and appropriately labeled containers since the residents admission.

Plan of Correction

Accept

Executive Director and nursing director will be doing cart audits weekly to ensure that all medications are in bottles and labeled properly. Executive Director and nursing director has changed resident 3's medications to the appropriately labeled containers. Training was done with med techs on 6/1 refer to attachment page 48.

Completion Date: 06/14/2021

Document Submission

Implemented

Executive Director and nursing director will be doing cart audits weekly to ensure that all medications are in bottles and labeled properly. Executive Director and nursing director has changed resident 3's medications to the appropriately labeled containers. Training was done with med techs on 6/1 refer to attachment page 48.

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 medication blister package labeled 1 of 4 for Resident #2's lorazepam 0.5mg has a hole in the foil backing under blister number 7. Additionally, the blister package card labeled 3 of 4 for the same medication has tape placed over the foil backing under blister number 28.

The medication blister package for resident #4's tramadol has a hole in the foil backing under blister number 23.

The medication blister package for resident #5's lorazepam 0.5mg has holes in the foil backing under blister numbers 6, 2 and 1.

Plan of Correction

Accept

Executive Director and nursing director will be doing cart audits weekly to ensure that all medications have properly packages, no holes or tape on the back of the foil packaging. Med techs were trained on 6/1 on if a pill gets loose to notify nursing director and nursing director and they will receive the proper directions on how to dispose of it. Refer to page 48 for the training log.

Completion Date: 06/14/2021

183e - Storing Medications (*continued*)**Document Submission****Implemented**

Executive Director and nursing director will be doing cart audits weekly to ensure that all medications have properly packages, no holes or tape on the back of the foil packaging. Med techs were trained on 6/1 on if a pill gets loose to notify nursing director and nursing director and they will receive the proper directions on how to dispose of it. Refer to page 48 for the training log.

184a - Labeling OTC/CAM

1. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

The pharmacy label for resident #4's tramadol 50mg does not match the medication administration record and the narcotics declining inventory log. The label and medication administration record read: take one tablet by mouth ever 6 hours as needed, The narcotic log does not have any directions for administration on it.

The pharmacy label for resident #7's lorazepam 0.5mg does not match the Medication Administration Record (MAR) or the Narcotic declining inventory log. The blister package label reads: Take one by mouth every 4 hours as needed for anxiety/agitation, the MAR reads: take one by mouth ever 4 hours as needed for anxiety, and the Narcotic log reads: one tablet by mouth.

The pharmacy label for resident #8's lorazepam 0.5mg does not match the Narcotic declining inventory log. The pharmacy label says one by mouth at bedtime, the narcotic log reads one tablet by mouth. The physician order and medication record reads: take one tablet by mouth at bedtime.

The pharmacy label for resident #9's lorazepam 05mg does not match the the medication administrator record or narcotic declining inventory log. The label reads take one tablet by mouth ever day at lunch time, the MAR reads: take one by mouth every 12 hours as needed for anxiety, and the Narcotic Log reads: take one by mouth every day.

The pharmacy label for resident #8's oxycodone-acetaminophen 5-325mg does not match the medication administration record. The pharmacy label reads: see attached for directions, the medication administration record reads: take one tablet by mouth every 4 hours for pain and the narcotic log reads: take one tablet by mouth.

Plan of Correction**Accept**

Executive Director and nursing director will be doing cart audits weekly to ensure that all medications are properly labeled. Nursing Director and Executive Director trained all med techs to make sure that labeling is matching the medication administration record and the narcotics inventory log. Executive director and nursing director will fix residents 4, 7, 8 and 9. Refer to page 48 for training log.

Completion Date: 06/14/2021

184a - Labeling OTC/CAM (continued)

Document Submission**Implemented**

Executive Director and nursing director will be doing cart audits weekly to ensure that all medications are properly labeled. Nursing Director and Executive Director trained all med techs to make sure that labeling is matching the medication administration record and the narcotics inventory log. Executive director and nursing director will fix residents 4, 7, 8 and 9. Refer to page 48 for training log.

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

On 5/27/21, two bottles of Stoma Powder, a tube of Skin Integrity Hydrogel, a spray bottle of Skin Integrity wound cleanser, a spray bottle of Moisyn Dry Mouth Spray, and a tube of Phytoplex Z-Guard skin protectant paste, belonging to resident #6 was in the drawer of the medication cart and was not labeled with the resident's name.

Plan of Correction**Accept**

Executive Director and nursing director will be doing cart audits weekly to ensure that all items are stored in the proper areas. All items belonging to resident 6 was placed in proper storage area and properly labeled. All med techs were trained on this topic refer to page 48 for training log.

Completion Date: 06/14/2021

Document Submission**Implemented**

Executive Director and nursing director will be doing cart audits weekly to ensure that all items are stored in the proper areas. All items belonging to resident 6 was placed in proper storage area and properly labeled. All med techs were trained on this topic refer to page 48 for training log.

185a - Implement Storage Procedures

1. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

185a - Implement Storage Procedures (continued)

Description of Violation

Resident #1 has an order for glucose checks three times daily before meals and an order to administer insulin based on a sliding scale. The following readings were recorded on the resident's glucose log but were not found in the resident's assigned glucometer:

- 5/19/21 197 at 7:30; 102 at 11:30; 229 at 4:30
- 5/20/21 71 at 7:30; 291 at 11:30; 251 at 4:30
- 5/21/21 279 at 7:30; 289 at 11:30; 232 at 4:30
- 5/22/21 113 at 7:30; 172 at 11:30; 62 at 4:30
- 5/23/21 142 at 7:30; 127 at 11:30; 161 at 4:30
- 5/24/21 94 at 7:30; 132 at 11:30; 115 at 4:30
- 5/25/21 107 at 7:30;

Additionally, the following glucose readings for resident #1 documented on the glucose log do not match the corresponding reading in the glucometer:

- 5/5/21 at 5:07pm - meter reading of 175 is documented on log as 127- (the incorrect dose of insulin was administered. Additional violation was cited during inspection)
- 5/25/21 at 7:09pm - meter reading on 335 is documented on the log as 334

The following readings were recorded on the resident #2's glucose log but were not found in the resident's assigned glucometer: 5/1/21 reading of 154, 5/2/21 reading of 183, 5/5/21 reading of 179, 5/8/21 reading of 147, 5/14/21 reading of 135, 5/20/21 reading of 143, 5/21/21 reading of 119, 5/22/21 reading of 115, 5/23/21 reading of 146, 5/24/21 reading of 161, 5/25/21 reading of 136, 5/26/21 reading of 100, 5/27/21 reading of 95

Additionally, the following glucose readings for resident #2, documented on the glucose log do not match the corresponding reading in the glucometer:

- 4/27/21 at 5:26am meter reading of 159 is documented on log as 156
- 5/26/21 at 5:20am meter reading of 99 is documented on log as 100

Resident #2's glucometer was not calibrated to the correct date and time. Glucometer date shows 1/9/21 and a time of 1:52pm. Actual time is 5/27/21 at 11:16am.

Resident #9 has an order for Oxycodone Acetaminophen 5-325mg- take one by mouth every 4 hours for pain. Scheduled for 8a-12p-4p-8p. The declining inventory log is missing the following dates for administration: 5/24/21 at 8pm; 5/25/21 at 8am, 12pm, and 4pm; 5/27/21 at 8am

Additionally, Resident #9's Oxycodone Acetaminophen 5-325mg narcotic declining inventory log there are a total of 8 line items for 5/26/21 at 8am, 12pm, 4pm, 8pm and again at 8am, 12pm, 4pm, 8pm. There are 11 tablets in the bottle, however, if all medications were administered at the correct time and correct date, there should only be 10 tablets in the bottle, indicating that a dose of medication was not administered correctly.

Resident #8 has an order for Lorazepam 0.5mg take one by mouth at bedtime. The following issues were observed with the declining inventory log:

- There is no line item for dates 5/24/21 and 5/25/21
- There are two line items for date 5/26/21
- The MAR shows that 5/24/21, 5/25/21 and 5/26/21 were all administered however there are 13 tablets present in the blister package. If one dose was administered correctly from the date the package was received in home on 5/10/21, there should only be 12 tablets remaining. One dose was not administered correctly.

185a - Implement Storage Procedures (continued)

Plan of Correction**Accept**

Executive Director trained the following staff on 6/1/21 on glucometer training. The training involved showing them the following PowerPoint and thoroughly reading, asking any questions and making sure they have a full understanding of the glucometer training. On page 6 we thoroughly went over the safety concerns of handling glucometers. We made all med techs aware that there is absolutely no sharing. They are to notify director of nursing and executive director if there is a glucometer machine that is not working. We also ordered house stock glucose monitoring systems to have on hand if equipment does break. We also ordered test strips, control solution for house stock. Additional we are starting fresh with new glucometers for residents 1 and 2. Executive Director and nursing director will be doing a weekly glucometer calibration and quality control log (attached is an example of the log we will be using page 45). Executive director went over with all med techs on pages 19 through 42 on insulin training and executive director is making it mandatory that all staff will pass a glucometer test. We ordered demo insulin kits for staff to practice and to prove to the executive director that they have an understanding on sliding scales and etc. Refer to page 49 for training log.

Executive Director and nursing director will be doing weekly cart audits on all narcotics and inventory logs to make sure that they match, staff is following directions on the mars and signing out narcotics properly. Med techs trained on 6/1/21 refer to page 48 for training log.

Completion Date 06/14/2021

Document Submission**Implemented**

Executive Director trained the following staff on 6/1/21 on glucometer training. The training involved showing them the following PowerPoint and thoroughly reading, asking any questions and making sure they have a full understanding of the glucometer training. On page 6 we thoroughly went over the safety concerns of handling glucometers. We made all med techs aware that there is absolutely no sharing. They are to notify director of nursing and executive director if there is a glucometer machine that is not working. We also ordered house stock glucose monitoring systems to have on hand if equipment does break. We also ordered test strips, control solution for house stock. Additional we are starting fresh with new glucometers for residents 1 and 2. Executive Director and nursing director will be doing a weekly glucometer calibration and quality control log (attached is an example of the log we will be using page 45). Executive director went over with all med techs on pages 19 through 42 on insulin training and executive director is making it mandatory that all staff will pass a glucometer test. We ordered demo insulin kits for staff to practice and to prove to the executive director that they have an understanding on sliding scales and etc. Refer to page 49 for training log.

185b - Medication Procedures

1. Requirements

2600.

185.b. At a minimum, the procedures must include:

1. Documentation of the receipt of controlled substances and prescription medications.
2. A process to investigate and account for missing medications and medication errors.
3. Limited access to medication storage areas.
4. Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive medication administration services or assistance with self-administration. This requirement does not apply to a resident who self administers medication without the assistance of a staff person and stores the medication in his room.

185b - Medication Procedures (continued)

Description of Violation

The staff of the home are required to do a shift to shift narcotics count to ensure accountability of narcotic medications. On the following dates, a shift to shift count was not conducted: 5/1/21, 5/2/21, 5/5/21, 5/8/21, 5/11/21, 5/13/21, 5/14/21, 5/19/21, 5/21/21, 5/25/21 and 5/27/21.

Plan of Correction**Accept**

Executive Director will be checking the shift report weekly and all med techs were trained on 6/1 on proper shift reports and book management. Refer to page 50 for training log.

Completion Date: 06/14/2021

Document Submission**Implemented**

Executive Director will be checking the shift report weekly and all med techs were trained on 6/1 on proper shift reports and book management. Refer to page 50 for training log.

187b - Date/Time of Medication Admin.

1. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #9 is prescribed Lorazepam 0.5mg- take on tablet every 12 hours as needed for anxiety. . Resident #9's narcotic declining inventory log indicates that this medication was administered on 5/8/21 at 9pm. The May 2021 medication administration record does not include the initials of the staff person who administered this medication on 5/8/21 at 9pm.

Plan of Correction**Accept**

Executive director and nursing director will do weekly book and mar audits. Executive director trained all med techs on 6/1 refer to page 48 for training log.

Completion Date: 06/14/2021

Document Submission**Implemented**

Executive director and nursing director will do weekly book and mar audits. Executive director trained all med techs on 6/1 refer to page 48 for training log.

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

187d - Follow Prescriber's Orders (continued)

Description of Violation

Resident #1 is prescribed Humalog 100U/ML SOLN before meals as per the following sliding scale: 140-200= 2u, 201-260=3u, 261-320=5u, 321-380=7u, 381-400=9u. There are no instructions for how many units to give if level is above 400.

- On 5/2/21 at 12:04PM the blood glucose level was 414 however 11 units were administered.
- On 5/5/21 at 5:07PM the blood glucose level in the meter was 175 however 0 units were given. The blood glucose reading for that time was documented as 127.

Resident #8 is prescribed Lorazepam 0.5mg take one by mouth at bedtime. The medication was received in the home on 5/10/21. The residents MAR is initialed as administered every day. There are 13 tablets present in the blister package. If one dose was administered correctly from the date the package was received in home, there should only be 12 tablets remaining. The declining inventory log has date 5/26/21 listed twice but the log is missing dates 5/24/21 and 5/25/21. One dose of this medication was not administered.

Resident #9 is prescribed Oxycodone Acetaminophen 5-325mg- give one tablet every 4 hours for pain. The residents declining inventory log has a total of 8 line items for date 5/26/21 at 8am, 12pm, 4pm, 8pm and again at 8am, 12pm, 4pm, 8pm. There are 11 tablets in the medication bottle, however, if all medications were administered at the correct time and correct date, there should only be 10 tablets in the bottle. One dose of medication was not administered correctly but all dates and times area initialed as administered on the MAR.

Plan of Correction**Accept**

Executive director went over with all med techs on pages 19 through 42 on insulin training and executive director is making it mandatory that all staff will pass a glucometer test. We ordered demo insulin kits for staff to practice and to prove to the executive director that they have an understanding on sliding scales and etc. Refer to page 49 for training log. Bristol House has requested a new order for resident 1 for instructions over 400 blood glucose level.

Executive Director will be checking the shift report weekly and all med techs were trained on 6/1 on proper shift reports and book management. Refer to page 50 for training log.

Completion Date: 06/14/2021

Document Submission**Implemented**

Executive director went over with all med techs on pages 19 through 42 on insulin training and executive director is making it mandatory that all staff will pass a glucometer test. We ordered demo insulin kits for staff to practice and to prove to the executive director that they have an understanding on sliding scales and etc. Refer to page 49 for training log. Bristol House has requested a new order for resident 1 for instructions over 400 blood glucose level. Executive Director will be checking the shift report weekly and all med techs were trained on 6/1 on proper shift reports and book management. Refer to page 50 for training log.

190a - Completion Medication Course

1. Requirements

2600.

190a - Completion Medication Course *(continued)*

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department’s performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person A, who has not successfully completed the Department-approved medications administration course, administered medications to residents on the following dates: 5/2/21 and 5/3/21, and 5/10/21 through 5/13/21.

Plan of Correction

Accept

Executive Director and nursing director will check med tech certifications before they work on the cart. Employee staff member A is no longer at Bristol House Memory Care.

Completion Date: 06/14/2021

Document Submission

Implemented

Executive Director and nursing director will check med tech certifications before they work on the cart. Employee staff member A is no longer at Bristol House Memory Care.