

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

January 31, 2023

[REDACTED]
CA SENIOR VALLEY FORGE OPERATOR LLC
[REDACTED]
[REDACTED]

RE: ANTHOLOGY OF KING OF PRUSSIA
350 GUTHRIE ROAD
KING OF PRUSSIA, PA, 19406
LICENSE/COC#: 14788

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/03/2022, 06/06/2022, 06/07/2022, 06/09/2022, 06/10/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: ANTHOLOGY OF KING OF PRUSSIA

License #: 14788

License Expiration: 03/23/2023

Address: 350 GUTHRIE ROAD, KING OF PRUSSIA, PA 19406

County: MONTGOMERY

Region: SOUTHEAST

Administrator

Name: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Legal Entity

Name: CA SENIOR VALLEY FORGE OPERATOR LLC

Address: 2401 E 2ND AVENUE, SUITE 500, DENVER, CO, 80206

Phone: [REDACTED]

Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff:

Total Daily Staff: 108

Waking Staff: 81

Inspection Information

Type: *Partial*Notice: *Unannounced*

BHA Docket #:

Reason: *Complaint*Exit Conference Date: *06/13/2022*

Inspection Dates and Department Representative

06/03/2022 - On-Site: [REDACTED]

06/06/2022 - On-Site: [REDACTED]

06/07/2022 - Off-Site: [REDACTED]

06/09/2022 - Off-Site: [REDACTED]

06/10/2022 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 128

Residents Served: 63

Secured Dementia Care Unit

In Home: Yes

Area: *Memory Care*

Capacity: 28

Residents Served: 27

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 62

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 45

Have Physical Disability: 0

Inspections / Reviews

06/03/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/04/2022*

01/19/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: *07/08/2022*
Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *01/23/2023*

01/31/2023 - Document Submission

Submitted By: [REDACTED] Date Submitted: *01/27/2023*
Reviewer: [REDACTED] Follow-Up Type: *Not Required*

15a - Resident Abuse Report

2. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [REDACTED] sometime after [REDACTED] Resident #1 pressed the call bell for assistance with toileting, Staff Person B came to the resident's room and disabled the call bell and left without assisting the resident. This incident was observed by the [REDACTED]. This incident was reported to Staff Person A on [REDACTED] at [REDACTED] pm. However, this allegation of abuse was not reported to the Area Agency on Aging in accordance with the Older Adult Protective Services Act.

On [REDACTED], during the [REDACTED] to [REDACTED] shift, Staff Person C came to Resident #1's room to transfer the resident from the resident's recliner to the resident's wheelchair. Resident #1 is a 2-person transfer, however only one staff member completed the transfer. After the transfer was complete, Staff Member C threw a blanket at Resident #1 and stated "I was just here. You could have told me you had to go to the bathroom." This incident was observed by a third party [REDACTED]. The incident was reported Staff Person A on [REDACTED] at [REDACTED]. However, this allegation of abuse was not reported to the Area Agency on Aging in accordance with the Older Adult Protective Services Act.

POC Submission

Accept

Staff Member A was dismissed from employment. An audit of employee files was completed to verify appropriate abuse reporting training. At the time of hire and annually thereafter all employees will receive appropriate abuse reporting training. The business office director will audit files monthly to ensure ongoing compliance.

Licensee's Plan Completion Date: 07/31/2022

Implemented (SW - 01/31/2023)

15b - Supervisor Plan

3. Requirements

2600.

15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On [REDACTED], sometime after [REDACTED] Resident #1 pressed the call bell for assistance with toileting, Staff Person B came to the resident's room and disabled the call bell and left without assisting the resident. This incident was observed by the resident's designated person. This incident was reported to Staff Person A on [REDACTED]. The home did not immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

On [REDACTED], during the [REDACTED] pm shift, Staff Person C came to Resident #1's room to transfer the resident from the resident's recliner to the resident's wheelchair. Resident #1 is a 2-person transfer, however only one staff member completed the transfer. After the transfer was complete, Staff Member C threw a blanket at Resident #1 and stated "I was just here. You could have told me you had to go to the bathroom." This incident was observed by a third party [REDACTED]. The incident was reported Staff Person A on [REDACTED]. The home did not immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

15b - Supervisor Plan (continued)

POC Submission**Directed**

Staff Member A was dismissed from employment. An audit of all supervisor files has been completed to verify training on abuse reporting and appropriate investigation actions. All supervisors will receive training on abuse reporting and investigation measures at time of hire and annually thereafter. The business office director will audit files monthly to ensure compliance.

DPOC - SP -07-18-2022

Education to be completed within 10 calendar days receipt of POC and made available for Department review

Directed Completion Date:

Implemented (SW - 01/31/2023)

16c - Written Incident Report

5. 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

On [REDACTED], Resident #1 sustained an injury while being transferred from bed to wheelchair by 1 staff member. The resident was sent to the emergency room via ambulance and received 6 stitches. The home did not report this incident to the department.

On [REDACTED], sometime after [REDACTED], Resident #1 pressed the call bell for assistance with toileting, Staff Person B came to the resident's room and disabled the call bell and left without assisting the resident. This incident was observed by the [REDACTED]. This incident was reported to Staff Person A on [REDACTED]. The home did not report this incident to the department.

On 11/9/21, during the 2:00 pm to 10:00 pm shift, Staff Person C came to Resident #1's room to transfer the resident from the resident's recliner to the resident's wheelchair. Resident #1 is a 2-person transfer, however only one staff member completed the transfer. After the transfer was complete, Staff Member C threw a blanket at Resident #1 and stated "I was just here. You could have told me you had to go to the bathroom." This incident was observed by a third party [REDACTED]. The incident was reported Staff Person A on [REDACTED]. However, this allegation of abuse was not reported to the Area Agency on Aging in accordance with the Older Adult Protective Services Act. The home did not report this incident to the department.

On [REDACTED], Resident #1 was sent to the hospital after complaining of chest pains. The resident was admitted to the hospital and discharged on [REDACTED]. The home did not report this incident to the department.

Resident #1 is prescribed several medications which include Escitalopram Oxalate 10 MG, Metoprolol Succinate 25 MG, and Oxybutynin Chloride 5 MG. During the time Resident #1 lived at the home, there several dates, beginning 7/29/21 and ending 12/16/21, when prescribed medications were not administered according to the prescriber's orders. The home did not report any medication errors to the department.

16c - Written Incident Report (continued)

POC Submission**Directed**

An audit of all supervisor files has been completed to verify training on abuse reporting and appropriate investigation actions. All supervisors will receive training on reporting and investigation measures at time of hire and annually thereafter. The business office director will audit files monthly to ensure compliance.

DPOC - SP -07-18-2022

Education to be completed within 10 calendar days receipt of POC and made available for Department review

Directed Completion Date:

Implemented (SW - 01/31/2023)

23a - Activities of Daily Living Assistance

6. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

The assessment and support plan, dated [REDACTED], for resident #1 indicates the resident requires assistance with toileting. On 9/15/21, the resident did not receive this assistance as required.

The assessment and support plan, dated [REDACTED], for resident #1 indicates the resident requires assistance with transferring using a 2-person assist. On 7/13/21, 7/14/21, 7/25/21, 8/7/21, 9/2/21, 9/3/21, 9/29/21, 11/27/21, and 12/10/21, the resident did not receive this assistance as required.

POC Submission**Accept**

Training was completed on ADLs and providing resident care to all employees. An audit was completed to verify training was scheduled for all employees. At the time of hire and annually thereafter competencies for providing care will be completed by the director of health and wellness and/or designee. The business office director will audit employee records monthly to ensure documentation is available and the executive director will complete random audits to ensure compliance.

Licensee's Plan Completion Date: 08/12/2022

Implemented (SW - 01/31/2023)

42b - Abuse

7. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On 7/13/21, 7/14/21, 7/25/21, 8/7/21, 9/2/21, 9/3/21, 9/29/21, and 11/27/21, Resident #1 sustained skin tears to the lower extremities while being transferred by only one staff member. Resident #1 is a 2-person transfer per the resident's support plan dated 7/9/21. Following the [REDACTED] injury, the resident was sent to the emergency room via ambulance and received 6 stitches.

On [REDACTED], sometime after [REDACTED] Resident #1, who requires assistance with toileting per the resident's support

42b - Abuse (continued)

plan dated [REDACTED], pressed the call bell for assistance with toileting, Staff Person B came to the resident's room and disabled the call bell and left without assisting the resident.

On [REDACTED], during the 2:00 pm to 10:00 pm shift, Staff Person C came to Resident #1's room to transfer the resident from the resident's recliner to the resident's wheelchair. Resident #1 is a 2-person transfer per the resident's support plan dated 7/9/21, however only one staff member completed the transfer. After the transfer was complete, Staff Member C threw a blanket at Resident #1 and stated "I was just here. You could have told me you had to go to the bathroom."

On [REDACTED] Resident #1 fell while being transferred to the bed by Staff Person D. Resident #1 is a 2-person transfer per the resident's support plan dated [REDACTED]. The resident was left laying on the floor for an undetermined amount of time.

On 10/31/21, 11/1/21, 11/8/21, 11/13/21, 11/14/21, and 12/4/21 there were no medication technicians scheduled to work in the home from 11:00 pm to 6:00am leaving no one available to administer pro re nata (PRN) medications.

POC Submission**Accept**

All employees were educated on the abuse and treatment of residents. An audit of employee files was completed to verify appropriate abuse reporting training. At the time of hire and annually thereafter all employees will receive appropriate abuse reporting and treatment of residents training. The business office director will audit files monthly to ensure ongoing compliance.

Licensee's Plan Completion Date: 08/12/2022

Implemented (SW - 01/31/2023)**42c - Treatment of Residents****8. Requirements**

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On [REDACTED], during the [REDACTED] shift, Staff Person C came to Resident #1's room to transfer the resident from the resident's recliner to the resident's wheelchair. Resident #1 is a 2-person transfer per the resident's support plan dated [REDACTED], however only one staff member completed the transfer. After the transfer was complete, Staff Member C threw a blanket at Resident #1 and stated "I was just here. You could have told me you had to go to the bathroom."

POC Submission**Accept**

All employees were educated on resident rights and treatment of residents. An audit of employee files was completed to verify appropriate documentation of training. At the time of hire and annually thereafter all employees will receive appropriate resident rights and treatment of residents training. The business office director will audit files monthly to ensure ongoing compliance.

Licensee's Plan Completion Date: 08/12/2022

Implemented (SW - 01/31/2023)**54a - Direct Care Staff**

9. Requirements

2600.

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

1. Be 18 years of age or older, except as permitted in subsection (b).
2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

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

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

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

POC Submission**Accept**

An Audit of employee files is being completed to verify appropriate training for all employees. A new business office director has been hired and will verify the appropriate education documentation is in place. The business office director will work in conjunction with the director of health and wellness to ensure appropriate education records are completed prior to working shifts on the floor. The business office director will audit the new hires weekly to verify appropriate educations with the director of health and wellness and/or executive director completing random audits to monitor for ongoing compliance.

Licensee's Plan Completion Date: 08/12/2022

Implemented (SW - 01/31/2023)

62 - Contact List**10. Requirements**

2600.

62. List of Staff Persons - The administrator shall maintain a current list of the names, addresses and telephone numbers of staff persons including substitute personnel and volunteers.

Description of Violation

Staff person A, [REDACTED], does not have a list of the home's substitute personnel.

POC Submission**Accept**

Staff Person A was dismissed from employment. The community retains a current list of names, addresses, and telephone numbers of staff including substitute personnel. An audit of substitute personnel was completed to ensure all details were available to the community. The business office director will maintain a list and work in conjunction with the director of health and wellness to identify any need for substitute personnel. The business office director will then ensure substitute personnel are appropriately listed. The executive director will audit the list monthly to ensure ongoing compliance.

Licensee's Plan Completion Date: 08/12/2022

Implemented (SW - 01/31/2023)

63a - First Aid/CPR Training**11. Requirements**

2600.

- 63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

63a - First Aid/CPR Training (*continued*)**Description of Violation**

On 10/31/21, 11/1/21, 11/8/21, 11/13/21, 11/14/21, and 12/4/21 from 11:00 pm to 6:00 am, 40 residents were present in the home. During this time there were no staff persons present in the home who were certified in obstructed airway techniques and CPR.

POC Submission**Accept**

An Audit of employee files is being completed to verify appropriate training for all employees. A new business office director has been hired and will verify the appropriate training is in place. The business office director will work in conjunction with the director of health and wellness to ensure appropriate training is documented. The business office director will audit the new hires weekly to verify appropriate training with the director of health and wellness and/or executive director completing random audits to monitor for ongoing compliance.

Licensee's Plan Completion Date: 08/12/2022

Implemented (SW - 01/31/2023)

65a - FS Orientation 1st Day

12. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff person B, whose first day of work was [REDACTED] did not receive first day orientation until [REDACTED].

Staff person C, whose first day of work is unknown, did not receive orientation on the following topics:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Staff person F, whose first day of work was [REDACTED] did not receive first day orientation until [REDACTED].

Repeat Violation: 6/30/21 et al.

POC Submission**Accept**

An Audit of employee files is being completed to verify appropriate training for all employees. A new business

65a - FS Orientation 1st Day (continued)

office director has been hired and will verify the appropriate training is in place. The business office director will work in conjunction with the director of health and wellness to ensure appropriate training is completed in accordance with State regulations. The business office director will audit the new hires weekly to verify appropriate training with the director of health and wellness and/or executive director completing random audits to monitor for ongoing compliance.

Licensee's Plan Completion Date: 08/12/2022

Implemented (SW - 01/31/2023)

65b - Rights/Abuse 40 Hours**13. Requirements**

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

Description of Violation

Staff person C whose start date is unknown, did not complete training in the following topics:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

Staff person F completed his/her 40th scheduled work hour on or about [REDACTED]. However, this staff person did not complete training in the following topics until [REDACTED].

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

Repeat Violation: 6/30/21 et al.

POC Submission

Accept

All employees were educated on the abuse, resident rights, and treatment of residents, and appropriate reporting. An audit of employee files was completed to verify appropriate training. At the time of hire and annually thereafter all employees will receive appropriate training. The business office director will audit files monthly to ensure ongoing compliance.

Licensee's Plan Completion Date: 08/12/2022

Implemented (SW - 01/31/2023)

65d - Initial Direct Care Training

14. Requirements

2600.

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

1. Training that includes a demonstration of job duties, followed by supervised practice.
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.
3. Initial direct care staff person training to include the following:

Description of Violation

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

Direct care staff person C, with an unknown hire date, provided unsupervised ADL services. However, the staff person did not complete and pass the Department-approved direct care training course and pass the competency test.

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

POC Submission**Accept**

An Audit of employee files is being completed to verify appropriate training for all employees. A new business office director has been hired and will verify the appropriate training is in place. The business office director will work in conjunction with the director of health and wellness to ensure appropriate training is completed prior to working shifts on the floor unsupervised. The business office director will audit the new hires weekly to verify appropriate training with the director of health and wellness and/or executive director completing random audits to monitor for ongoing compliance.

Licensee's Plan Completion Date: 08/12/2022

Implemented (SW - 01/31/2023)

182b - Prescription Medication

15. Requirements

2600.

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

1. A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
2. A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
3. A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
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

Beginning 9/10/21 and ending on 12/16/21, staff person D administered all prescribed medications to Resident #1. Staff person D is not one of the following:

182b - Prescription Medication (continued)

1. A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
2. A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
3. A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
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.

Beginning 9/9/21 and ending on 12/15/21, staff person G administered all prescribed medications to Resident #1. Staff person G is not one of the following:

1. A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
2. A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
3. A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
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.

POC Submission**Accept**

Immediately only those qualified individuals as outlined will administer medications that are not self administered by a resident. An audit of employee files was completed to ensure appropriate medication administration training was documented. Prior to an individual administering medication to a resident, the director of health and wellness will audit the training records to ensure appropriate training has been taken and supply that to the business office director. The business office director and/or director of health and wellness will audit "med tech" training records no greater than every 6 months to ensure that all training and documentation is readily available and skills are appropriate. The executive director and/or designee will conduct random audits to ensure compliance.

Licensee's Plan Completion Date: 08/12/2022

Implemented (SW - 01/31/2023)**187b - Date/Time of Medication Admin.****16. 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

On [REDACTED] Resident #1 was sent to the hospital. The resident was admitted to the hospital and discharged on [REDACTED]. The resident's medication administration record has the following medications documented as administered for 11/30/21:

- Ensure Clear Liquid at 6:00 pm
- Docusate Sodium 100 MG at 9:00 pm
- Ferosul 325 MG at 9:00 pm

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

- Metoprolol Succinate 25 MG at 9:00 pm
- Oxybutynin Chloride 5 MG at 9:00 pm
- Senna Oral 8.6 MG at 9:00 pm

POC Submission**Accept**

Those assisting with medications were in-serviced on medication procedures and reporting. An audit of medication reports was completed to identify others at risk. Those who assist with medication will follow instructions from the prescriber. If an error is observed it will immediately be reported per policy which included appropriate notifications. The director of health and wellness will audit the medication reports daily to ensure compliance with the standard. The executive director will monitor reports randomly to ensure ongoing compliance.

Licensee's Plan Completion Date: 08/12/2022

Implemented (SW - 01/31/2023)

187d - Follow Prescriber's Orders**17. Requirements**

2600.

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

Description of Violation

Resident #1 is prescribed Acidophilus, take 1 capsule orally once daily. However, this medication was not administered to resident #1 on 8/20/21, 8/24/21, 8/28/21, and 8/29/21 because the medication was not available in the home.

Resident #1 is prescribed Docusate Sodium 100 MG, take 1 capsule orally twice per day. However, this medication was not administered to resident #1 at 9:00 am on 8/11/21, 8/12/21, 8/17/21, 8/18/21, 8/20/21, and 10/21/21. And at 5:00 pm on 8/16/21, 8/17/21, 8/19/21, and 8/20/21 because the medication was not available in the home.

Resident #1 is prescribed Ferosul 325 MG, take 1 tablet orally twice per day. However, this medication was not administered to resident #1 at 9:00am on 8/11/21, 8/12/21, 8/17/21, 8/18/21, and 8/20/21. And at 5:00pm on 8/16/21, 8/17/21, 8/19/21, and 8/20/21. because the medication was not available in the home.

Resident #1 is prescribed GNP Senna Lax 8.6 MG, take 2 tablets orally every night at bedtime. However, this medication was not administered to resident #1 on 8/19/21, 8/20/21, 8/21/21, 8/23/21, 8/24/21, 8/25/21, 9/11/21, and 9/13/21 because the medication was not available in the home.

Resident #1 is prescribed Metoprolol Succinate 25 MG, take ½ tablet orally at bedtime. However, this medication was not administered to resident #1 on 8/19/21 because the medication was not available in the home.

Resident #1 is prescribed Multivitamin, take 1 tablet orally once daily. However, this medication was not administered to resident #1 on 8/11/21, 8/17/21, 8/18/21, 8/19/21, 8/24/21, 8/28/21, and 8/29/21 because the medication was not available in the home.

Resident #1 is prescribed Oxybutynin Chloride 5 MG, take 1 tablet orally at bedtime. However, this medication was not administered to resident #1 on 8/19/21, 8/21/21, 8/23/21, 8/28/21, 8/30/21, 9/9/21, 9/10/21, 9/11/21, 9/12/21, 9/13/21, 9/16/21, and 9/17/21 because the medication was not available in the home.

187d - Follow Prescriber's Orders (continued)

Resident #1 is prescribed Ensure Clear Liquid, take 1 canister by mouth twice daily. However, this medication was not administered to resident #1 on 11/23/21, 11/24/21, 11/25/21, 11/28/21, 11/29/21 because the medication was not available in the home.

Resident #1 is prescribed Famotidine, take 1 tablet by mouth daily. However, this medication was not administered to resident #1 on 11/21/21 and 11/24/21 because the medication was not available in the home.

POC Submission**Accept**

Those assisting with medications were in-serviced on medication procedures and reporting. An audit of medication reports was completed to identify others at risk. Those who assist with medication will follow instructions from the prescriber. If an error is observed it will immediately be reported per policy which included appropriate notifications. The director of health and wellness will audit the medication reports daily to ensure compliance with the standard. The executive director will monitor reports randomly to ensure ongoing compliance.

Licensee's Plan Completion Date: 08/12/2022

Implemented (SW - 01/31/2023)**18. Requirements**

2600.

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

Description of Violation

Resident #1 is prescribed Escitalopram Oxalate 10 MG, take 1 tablet orally once daily. However, this medication was not administered to resident #1 on 7/30/21.

Resident #1 is prescribed Furosemide Oral Tablet 20mg, take 1 tablet by mouth daily. However, this medication was not administered to resident #1 on 7/29/21, 7/30/21, and 7/31/21.

Resident #1 is prescribed Pantoprazole Sodium 40 MG, take 1 tablet by mouth daily for 30 days. However, this medication was not administered to resident #1 on 8/25/21.

Resident #1 is prescribed Potassium Chloride 20 MEQ, take 1 tablet by mouth daily with food. However, this medication was not administered to resident #1 on 8/11/21.

Resident #1 is prescribed Triple Antibiotic Ointment, apply ointment topically every two days. However, this medication was not administered to resident #1 on 9/20/21.

POC Submission**Accept**

Those assisting with medications were in-serviced on medication procedures and reporting. An audit of medication reports was completed to identify others at risk. Those who assist with medication will follow instructions from the prescriber. If an error is observed it will immediately be reported per policy which included appropriate notifications. The director of health and wellness will audit the medication reports daily to ensure compliance with the standard. The executive director will monitor reports randomly to ensure ongoing compliance.

Licensee's Plan Completion Date: 08/12/2022

Implemented (SW - 01/31/2023)**188b - Medication Error Reporting**

19. Requirements

2600.

188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

Description of Violation

Resident #1 is prescribed GNP Senna Lax 8.6 MG, take 2 tablets orally every night at bedtime. However, this medication was not administered to resident #1 on 8/19/21, 8/20/21, 8/21/21, 8/23/21, 8/24/21, 8/25/21, 9/11/21, and 9/13/21. The home did not report this medication error to the resident, the resident's designated person and the prescriber.

Resident #1 is prescribed Metoprolol Succinate 25 MG, take ½ tablet orally at bedtime. However, this medication was not administered to resident #1 on 8/19/21. The home did not report this medication error to the resident, the resident's designated person and the prescriber.

Resident #1 is prescribed Multivitamin, take 1 tablet orally once daily. However, this medication was not administered to resident #1 on 8/11/21, 8/17/21, 8/18/21, 8/19/21, 8/24/21, 8/28/21, and 8/29/21. The home did not report this medication error to the resident, the resident's designated person and the prescriber.

Resident #1 is prescribed Oxybutynin Chloride 5 MG, take 1 tablet orally at bedtime. However, this medication was not administered to resident #1 on 8/19/21, 8/21/21, 8/23/21, 8/28/21, 8/30/21, 9/9/21, 9/10/21, 9/11/21, 9/12/21, 9/13/21, 9/16/21, and 9/17/21. The home did not report this medication error to the resident, the resident's designated person and the prescriber.

Resident #1 is prescribed Ensure Clear Liquid, take 1 canister by mouth twice daily. However, this medication was not administered to resident #1 on 11/23/21, 11/24/21, 11/25/21, 11/28/21, 11/29/21. The home did not report this medication error to the resident, the resident's designated person and the prescriber.

Resident #1 is prescribed Famotidine, take 1 tablet by mouth daily. However, this medication was not administered to resident #1 on 11/21/21 and 11/24/21. The home did not report this medication error to the resident, the resident's designated person and the prescriber.

Resident #1 is prescribed Escitalopram Oxalate 10 MG, take 1 tablet orally once daily. However, this medication was not administered to resident #1 on 7/30/21. The home did not report this medication error to the resident, the resident's designated person and the prescriber.

Resident #1 is prescribed Furosemide Oral Tablet 20mg, take 1 tablet by mouth daily. However, this medication was not administered to resident #1 on 7/29/21, 7/30/21, and 7/31/21. The home did not report this medication error to the resident, the resident's designated person and the prescriber.

Resident #1 is prescribed Pantoprazole Sodium 40 MG, take 1 tablet by mouth daily for 30 days. However, this medication was not administered to resident #1 on 8/25/21. The home did not report this medication error to the resident, the resident's designated person and the prescriber.

Resident #1 is prescribed Potassium Chloride 20 MEQ, take 1 tablet by mouth daily with food. However, this medication was not administered to resident #1 on 8/11/21. The home did not report this medication error to the resident, the resident's designated person and the prescriber.

Resident #1 is prescribed Triple Antibiotic Ointment, apply ointment topically every two days. However, this

188b - Medication Error Reporting (continued)

medication was not administered to resident #1 on 9/20/21. The home did not report this medication error to the resident, the resident's designated person and the prescriber.

POC Submission**Accept**

Those assisting with medications were inserviced on medication reporting procedures. An audit of medication reports was completed to identify others at risk. Those who assist with medication and observe an error will immediately report per policy which included appropriate notifications. The director of health and wellness will audit the medication reports daily to ensure compliance with the standard. The executive director will monitor reports randomly to ensure ongoing compliance.

Licensee's Plan Completion Date: 08/12/2022

Implemented (SW - 01/31/2023)

190a - Completion Medication Course**20. Requirements**

2600.

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

Description of Violation

Staff person D, who has not successfully completed the Department-approved medications administration course, administered medications to Resident #1.

Staff person G, who has not successfully completed the Department-approved medications administration course, administered medications to Resident #1.

Repeat Violation: 6/30/21 et al.

POC Submission**Accept**

Immediately only those qualified individuals as outlined will administer medications that are not self administered by a resident. An audit of employee files was completed to ensure appropriate medication administration training was documented. Prior to an individual administering medication to a resident, the director of health and wellness will audit the training records to ensure appropriate training has been taken and supply that to the business office director. The business office director and/or director of health and wellness will audit "med tech" training records no greater than every 6 months to ensure that all training and documentation is readily available and skills are appropriate. The executive director and/or designee will conduct random audits to ensure compliance.

Licensee's Plan Completion Date: 08/12/2022

Implemented (SW - 01/31/2023)

224a - Preadmission Screen Form**21. Requirements**

2600.

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

224a - Preadmission Screen Form (continued)

Description of Violation

Resident #1's preadmission screening form, dated [REDACTED] does not include a determination that the needs of the resident can be met by the services provided by the home.

POC Submission**Accept**

The community officials were educated on the readmission screen form as well as the required time frame indicating if needs of the resident can be met. An audit of resident files was completed to identify any other as risk. The director of health and wellness will complete the preadmission screening no greater than 30 days prior to admission and include a determination of needs. This determination will be communicated to the director of sales prior to an admission agreement signing. The executive director and/or business office director will audit the resident file prior to admission to ensure compliance.

Licensee's Plan Completion Date: 08/12/2022

Implemented (SW - 01/31/2023)

227g -Support Plan Signatures

22. Requirements

2600.

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

Description of Violation

Resident #1 participated in the development of his/her support plan on [REDACTED]. However, the resident did not sign the support plan.

POC Submission**Accept**

Education was provided to the director of health and wellness regarding support plan signatures. An audit of resident files was completed to identify any other support plans missing signatures. The director of health and wellness will obtain documented signatures of individuals who participate in the development of the support plan as they are created. The director of health and wellness will audit resident files monthly and the executive director will complete random audits to ensure compliance.

Licensee's Plan Completion Date: 08/12/2022

Implemented (SW - 01/31/2023)