Department of Human Services
Bureau of Human Service Licensing

August 11, 2021

SOUTHWESTERN HEALTHCARE OPERATIONS LLC
456 CHESTNUT STREET, SUITE 303
LAKEWOOD, NJ 8701

RE: THE RESIDENCE AT ARROWOOD
512 N LEWIS RUN ROAD
PITTSBURGH, PA, 15122
LICENSE/COC#: 45215

Dear ,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 06/22/2021, 06/23/2021, 06/24/2021, 06/25/2021 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

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

Sincerely,

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *THE RESIDENCE AT ARROWOOD* **License #**: *45215* **License Expiration Date**: *04/30/2022*
Address: *512 N LEWIS RUN ROAD, PITTSBURGH, PA 15122*
County: *ALLEGHENY* **Region**: *WESTERN*

Administrator

Name: **Phone**: *4124693330* **Email**:

Legal Entity

Name: *SOUTHWESTERN HEALTHCARE OPERATIONS LLC*
Address: *456 CHESTNUT STREET, SUITE 303, LAKEWOOD, NJ, 8701*
Phone: *4124693330* **Email**:

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *12/05/2013* **Issued By**: *Borough of Pleasant Hills*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *63* **Waking Staff**: *47*

Inspection

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:
Reason: *Renewal,Complaint* **Exit Conference Date**: *06/25/2021*

Inspection Dates and Department Representative

06/22/2021 - On-Site:
06/23/2021 - On-Site:
06/24/2021 - On-Site:
06/25/2021 - On-Site:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *84* **Residents Served**: *47*

Secured Dementia Care Unit

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

Hospice

Current Residents: *7*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *47*
Diagnosed with Mental Illness: *6* **Diagnosed with Intellectual Disability**: *0*
Have Mobility Need: *16* **Have Physical Disability**: *0*

Inspections / Reviews

06/22/2021 - Full

Lead Inspector: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *07/31/2021*

8/2/2021 - POC Submission

Lead Reviewer: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *08/06/2021*

8/11/2021 - POC Submission

Lead Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *09/01/2021*

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

On 6/17/21, staff person A, [redacted], received an allegation of neglect from a representative from the Area Agency on Aging regarding resident #9; however, the home did not report this incident to the Department until 6/25/21 at 2:25 pm.

Plan of Correction **Directed**

All staff will be educated by 8/3/21 on regulation 16c, and the importance of reporting abuse and neglect. (DIRECTED: Documentation of the education shall be kept. [redacted] 8/9/21)
Administrator will monitor all reportable incidents monthly to ensure we are reporting abuse and neglect allegations timely starting in August and going forward.

DIRECTED: Within 72 hours of receipt of the plan of correction: A designated staff person shall review all internal incidents daily to ensure all reportable incidents and conditions indicated in 2600.16a are reported to the Department within 24 hours. [redacted] 8/9/21

DIRECTED: Within 7 days of receipt of the plan of correction: All staff persons shall be reeducated on all reportable incidents and conditions specified in 2600.16a. The staff education shall include the home's reporting procedures to ensure all reportable incidents and conditions specified in 2600.16a are reported to the Department within 24 hours. Documentation of the education shall be kept.[redacted] 8/9/21

Completion Date: *08/06/2021*

17 - Record Confidentiality

1. **Requirements**

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

17 - Record Confidentiality *(continued)*

Description of Violation

On [redacted]/21 at [redacted] pm, the inner door to the 3rd floor medication room was unlocked, unattended and was propped open. The following items were present in the unlocked medication room:

- *An unlocked and open laptop computer, which contained resident records*
- *Physician's orders for resident #1 and resident #2, which were on top of the counter*
- *Controlled substance count logs, including those for residents #5 and #6, which were on top of the medication cart*

Plan of Correction **Accept**

Direct Care Staff will be educated by 8/5/21 on regulation 17, record confidentiality and keeping the med room locked.
Director of Nursing will monitor the med room door daily for a month and then bi-weekly after for two months to ensure med room door is locked and records are kept confidential.

Completion Date: *08/05/2021*

23a - Activities of Daily Living Assistance

1. **Requirements**

2600.

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

23a - Activities of Daily Living Assistance *(continued)*

Description of Violation

Resident #3's most recent assessment, dated , indicates the resident needs some physical assistance with personal hygiene, ambulating, transferring in/out of bed/chair and toileting. The resident's most recent support plan, dated 7/15/20, indicates, "Staff will assist in all ADL's daily" and "staff will assist from bed to chair so that is safe" and "decline in ambulation and needs all ADLs attended to daily. Increased amount of falls wanting to transfer from chair to wheelchair to standing and wanting to walk. Catheter needs monitored due to pulling on catheter causing hematuria." On the following dates and times, the resident rang call bell; however, waited an excessive amount of time for assistance from a staff person:

- */21 at am-call bell response time was 1 hour 26 minutes*
- */21 at pm-call bell response time was 24 minutes*
- */21 at am-call bell response time was 1 hour 4 minutes*

Resident #7's most recent assessment, dated , indicates the resident requires some physical assistance with personal hygiene, and the resident's most recent support plan, dated , indicates "DCS staff will assist resident with all hygiene as needed." On /21 at 1 am, the resident was observed in room by and agent of the Department, wearing soiled clothes and soiled slippers which were on the wrong feet, and unkept fingernails. The resident also indicated was wearing the same clothes that had on from the night before. Also, according to the home's shower schedule, the resident is to receive assistance with bathing on Tuesdays and Fridays; however, ADL records indicate the resident only received a shower once weekly, from 6/1/21 through 6/15/21.

Resident #9's most recent assessment, dated , indicates the resident needs assistance with personal hygiene, and the resident's most recent support plan, dated , indicates "DCS staff will assist resident with all hygiene as needed." According to the home's shower schedule, the resident is to receive assistance with bathing on Mondays and Wednesdays; however, ADL records indicate the resident did not receive a shower between 6/4/21 and 6/14/21.

23a - Activities of Daily Living Assistance *(continued)*

Plan of Correction **Directed**

Direct Care Staff will be educated by 8/3/21 on regulation 23a, providing each resident with assistance with ADL's as indicated in the resident's assessment and support plan and answering call bell's timely. (DIRECTED: Documentation of the education shall be kept. LM 8/9/21)
Administrator will monitor call bell system daily for one month and then bi-weekly after for two months to ensure resident's with ADL's that need assistance receive care timely.
Director of Nursing is auditing all support plans to ensure they are accurate and current, first initial audit to be completed by 8/10/21 and will done monthly there after. (DIRECTED: By 8/11/21: Copies of the updated resident assessments and support plans shall be made available to all direct care staff. 8/9/21)

DIRECTED: Within 72 hours of receipt of the plan of correction: A designated staff person shall ensure all residents who require assistance with bathing has been updated on the home's shower list. Documentation of the list shall be kept and updated as needed. LM 8/9/21

DIRECTED: Within 72 hours of receipt of the plan of correction: A designated staff person shall meet with at least 5 residents who require assistance with ADL's and/or IADL's, on a weekly basis, to ensure each resident is receiving assistance with ADL's and IADL's in accordance with their most recent assessment and support plan. The designated staff person shall observe each resident to ensure they are properly groomed and are dressed appropriately in clean clothes. The designated staff person shall have the resident's most recent assessment and support plan present and interview the resident to ensure they are receiving assistance with ADL's and IADL's in accordance with their most recent assessment and support plan, including dressing, bathing, grooming and nail care. Documentation of the resident interviews shall be kept. 8/9/21

Completion Date: *08/06/2021*

51 - Criminal Background Check

1. **Requirements**

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

The home did not complete a Pennsylvania criminal background check for the following direct care staff persons:

- *Staff person B, hired on*
- *Staff person C, hired on*

51 - Criminal Background Check *(continued)*

Plan of Correction **Directed**

As of [redacted] Staff Person's B and C have had their background checks completed. (DIRECTED: Within 72 hours of receipt of the plan of correction: A designated staff person shall ensure the completed Pennsylvania background checks for staff persons B and C are present in their staff records. LM 8/9/21)
All staff was educated on 8/3/21 on plan of correction.
Human Resources will complete an initial audit of all employee files by 8/10/21 to ensure they have background checks on file.
Administrator will monitor monthly all employee new hire files starting in August to ensure background checks are complete.

DIRECTED: Within 5 days of receipt of the plan of correction: A designated staff person shall develop and implement a new hire checklist to ensure a Pennsylvania criminal background check is completed for each newly-hired staff person within 30 days of date of hire. Documentation of the checklist shall be kept. Copies of criminal background checks shall be kept in each staff person's record. All staff persons responsible for staff hiring shall be educated on the new checklist within 12 days of receipt of the plan of correction. Documentation of the education shall be kept. [redacted] 8/9/21

Completion Date: *08/06/2021*

53a - Qualifications

1. **Requirements**

2600.
53.a. The administrator shall have one of the following qualifications:
1. A license as a registered nurse from the Department of State.
2. An associate's degree or 60 credit hours from an accredited college or university.
3. A license as a licensed practical nurse from the Department of State and 1 year of work experience in a related field.
4. A license as a nursing home administrator from the Department of State.
5. For a home serving 8 or fewer residents, a general education development diploma or high school diploma and 2 years direct care or administrative experience in the human services field.

Description of Violation

Staff person A, [redacted], is a [redacted]; however, the staff person's nursing license expired on [redacted].

Plan of Correction **Accept**

A copy of Staff Person A LPN license was submitted to the Department,
Staff Person A no longer works at the Residence at Arrowood.
Human Resources will audit current Administrator file to ensure we are in compliance.
Moving forward Human Resources will ensure whoever is hired in the Administrator role has one of the following qualifications listed above.

Completion Date: *08/04/2021*

54a - Direct Care Staff

1. **Requirements**

2600.

54a - Direct Care Staff *(continued)*

54.a. Direct care staff persons shall have the following qualifications:
2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person D, hired on [redacted], does not have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction **Directed**

By 8/10/21 a copy of Staff Person D High School Diploma/ GED has been received.
All staff has been educated on plan of correction on 8/3/21.
Human Resources will complete an audit of all employee files by 8/10/21 to ensure all DCS have the proper qualifications by 8/10/21.
Administrator will monitor monthly all employee new hire files starting in August to ensure DCS qualifications are met.

DIRECTED: Within 5 days of receipt of the plan of correction: A designated staff person shall develop and implement a new hire checklist to ensure each newly-hired direct care staff person has a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry prior to providing assistance to residents. Documentation of the checklist shall be kept. Copies of the direct care staff qualifications shall be kept in each staff person's record. All staff persons responsible for staff hiring shall be educated on the new checklist within 12 days of receipt of the plan of correction. Documentation of the education shall be kept. [redacted] 8/9/21

Completion Date: *08/06/2021*

63a - First Aid/CPR Training

1. **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.

Description of Violation

On multiple dates, to include the following, there was no staff person present in the home who was trained in first aid and certified in obstructed airway techniques and CPR:

- *From 3:00 pm through 11:00 pm on 6/8/21, 6/12/21 and 6/18/21*
- *From 11:00 pm through 7:00 am on 6/22/21*

On the above dates, the home served 47 residents.

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

Plan of Correction **Directed**

All Staff was educated on plan of correction on 8/3/21.
A CPR training is being scheduled with ViaQuest to ensure all DCS are CPR trained going forward. Will send update once training is confirmed with date and time.
Human Resources is completing an employee file audit to be done by 8/10/21, will check which staff member has current CPR license in facility.
Administrator will ensure CPR trainings are held twice a year at the facility to ensure compliance with regulation 63a.

DIRECTED: Within 24 hours of receipt of the plan of correction: A designated staff person shall review the direct care staff schedule daily to ensure at least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR is present in the home at all times.

Completion Date: *08/06/2021*

65a - FS Orientation 1st Day

1. **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

The following staff persons did not receive orientation on any of the topics specified in 2600.65a, to include evacuation procedures and staff duties and responsibilities during fire drills:

- *Staff person B, hired on*
- *Staff person D, hired on*

65a - FS Orientation 1st Day *(continued)*

Plan of Correction **Directed**

All Staff was educated on plan of correction on 8/3/21.
Staff Person B and D both received orientation on the specific topics including evacuation procedures, staff duties and responsibilities during fire drills when they were hired. Please see attached documentation.
Administrator kept documentation in training binder, not employee files. (DIRECTED: Within 72 hours of receipt of the plan of correction: A designated staff person shall ensure the completed training records for staff persons B and D are present in their staff records. [redacted] 8/9/21)
Human Resources completing employee file audit by 8/10/21 to ensure all DCS have the appropriate orientation paperwork on file.
Administrator will monitor all new hire files monthly starting September to ensure compliance.

DIRECTED: Within 5 days of receipt of the plan of correction: A designated staff person shall develop a new hire checklist to ensure all newly-hired staff persons receive orientation on all topic specified in 2600.65a prior to or during the first work day. Documentation of the checklist shall be kept. Documentation of the trainings shall be kept in each staff person's record. All staff persons responsible for staff hiring shall be educated on the new checklist within 12 days of receipt of the plan of correction. Documentation of the education shall be kept. [redacted] 8/9/21

Completion Date: *08/06/2021*

65b - Rights/Abuse 40 Hours

1. **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

The following staff persons did not receive orientation on any of the topics specified in 2600.65b, to include resident rights and mandatory reporting of abuse and neglect under the Older Adult Protective Services Act:
- *Staff person B, hired [redacted]*
- *Staff person D, hired on [redacted]*

65b - Rights/Abuse 40 Hours *(continued)*

Plan of Correction **Directed**

All Staff was educated on plan of correction on 8/3/21.
Staff Person B and D both received orientation on the specific topics including resident rights, emergency medical plan, mandatory reporting of abuse and neglect and reportable incidents. Please see attached documentation. (DIRECTED: Within 72 hours of receipt of the plan of correction: A designated staff person shall ensure the completed training records for staff persons B and D are present in their staff records. ███ 8/9/21)

Administrator kept documentation in training binder, not employee files.
Human Resources completing employee file audit by 8/10/21 to ensure all DCS have the appropriate orientation paperwork on file.
Administrator will monitor all new hire files monthly starting September to ensure compliance.

DIRECTED: Within 5 days of receipt of the plan of correction: A designated staff person shall develop and implement a new hire checklist to ensure all newly-hired staff persons receive orientation on all topic specified in 2600.65b within 40 working hours. Documentation of the checklist shall be kept. Documentation of the trainings shall be kept in each staff person's record. All staff persons responsible for staff hiring shall be educated on the new checklist within 12 days of receipt of the plan of correction. Documentation of the education shall be kept. ███ 8/9/21

Completion Date: *08/06/2021*

65d - Initial Direct Care Training

1. **Requirements**

2600.
65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person B, hired on ███, provided unsupervised ADL services to residents on numerous dates; however, the staff person has not successfully completed and passed the Department-approved direct care training course and passed the competency test.

Direct care staff person D, hired on ███, provided unsupervised ADL services to residents on numerous dates; however, the staff person has not successfully completed and passed the Department-approved direct care training course and passed the competency test.

65d - Initial Direct Care Training *(continued)*

Plan of Correction **Directed**

All Staff was educated on plan of correction on 8/3/21.
Staff Person B has completed the approved direct care staff training test. See attached.
Staff Person D, is on [redacted] but has completed the training as well, and will bring documentation to the facility. Will submit when received. (DIRECTED: Within 72 hours of receipt of the plan of correction: A designated staff person shall ensure the completed training records for staff persons B and D are present in their staff records. LM 8/9/21)
Human Resources will complete an audit of all employee files by 8/10/21 to ensure DCS have the training completed.
Administrator will monitor monthly all employee new hires starting in September to ensure DCS took the department approved test,

DIRECTED: Within 5 days of receipt of the plan of correction: A designated staff person shall develop and implement a new hire checklist to ensure all newly-hired direct care staff persons successfully complete and pass the Department-approved direct care training course and pass the competency test prior to providing unsupervised ADL services to residents. Documentation of the checklist shall be kept. Copy of the certificate shall be kept in each staff person's record. All staff persons responsible for staff hiring shall be educated on the new checklist within 12 days of receipt of the plan of correction. Documentation of the education shall be kept. [redacted] 8/9/21

Completion Date: *08/06/2021*

81a - Accomodation

1. **Requirements**

2600.

81.a. The home shall provide or arrange for physical site accommodations and equipment necessary to meet the health and safety needs of a resident with a disability and to allow safe movement within the home and exiting from the home.

Description of Violation

Resident #7, who uses a wheelchair to ambulate, is unable to access the tub/shower located in his room and must use an empty resident bedroom equipped with a walk-in shower to meet his needs.

81a - Accomodation *(continued)*

Plan of Correction **Directed**

All staff will be educated by 8/3/21 on regulation 81a.
Admissions will do an initial audit of all PC rooms physical site accommodations and equipment necessary meets the health and safety needs of the residents. Any resident room that needs to be changed to be in compliance will be done immediately.
Administrator will monitor new admissions rooms monthly starting in August to ensure we meet requirements per regulation 81a.

DIRECTED: Within 5 days of receipt of the plan of correction: Resident #7 shall be relocated to a resident bedroom where the resident can safely access the bathroom. ██ 8/9/21

DIRECTED: Within 5 days of receipt of the plan of correction: A designated staff person shall develop and implement admission criteria to ensure the home can provide or arrange for physical site accommodations and equipment necessary to meet the health and safety needs of all newly-admitted residents to allow safe movement within the home and exiting the home. Documentation of the admission criteria shall be kept. All staff persons involved in the admission process shall be educated on the admission criteria within 12 days of receipt of the plan of correction. Documentation of the education shall be kept. ██ 8/9/21

Completion Date: *08/06/2021*

85a - Sanitary Conditions

1. **Requirements**

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

Description of Violation

On 6/22/21 at approximately 10:30 am, numerous areas of food crumbs and what appears to be jelly were present on resident #7's bedroom carpet. Also, there was dried feces smeared on the front of the resident's toilet.

On 6/23/21 at 2:28 pm, the window sill in resident #15's sitting area was covered with a layer of dead bugs, cobwebs, dirt and dust.

85a - Sanitary Conditions *(continued)*

Plan of Correction **Directed**

All staff will be educated by 8/3/21 on how sanitary conditions shall be maintained in the home per regulation 85a. Daily monitoring of sanitary conditions have been going on since the beginning of July by our Housekeeping Manager. See Attached. (DIRECTED: Documentation of the daily monitoring shall be kept. LM 8/9/21) Administrator auditing ten resident rooms monthly for sanitary conditions. See attached. (DIRECTED: Documentation of the administrator audits shall be kept. ██ 8/9/21)

DIRECTED: Within 72 hours of receipt of the plan of correction: Resident #7's carpet shall be cleaned and the resident's bathroom shall be inspected for sanitary conditions. ██ 8/9/21

DIRECTED: Within 72 hours of receipt of the plan of correction: Resident #15's window sill shall be cleaned. ██ 8/9/21

Completion Date: *08/06/2021*

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

On 6/22/21, resident #7's toilet was detached from floor on its right side, causing it to move.

Plan of Correction **Accept**

Resident #7 toilet has been fixed.
Maintenance will do an initial audit of all PC resident toilet's to ensure they are in good repair, clean and free of hazards by 8/5/21.
Maintenance will then do a monthly monitoring starting September to monitor furniture and equipment in resident rooms

Completion Date: *08/05/2021*

101j7 - Lighting/Operable Lamp

1. **Requirements**

2600.
101.j. Each resident shall have the following in the bedroom:
7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

On 6/23/21, there was no operable lamp or other source of lighting that could be turned on/off at resident #3's bedside.

On 6/23/21, resident #8's bedside lamp was inoperable. No other source of lighting that can be turned on/off at bedside was present.

101j7 - Lighting/Operable Lamp *(continued)*

Plan of Correction **Directed**

All Staff was educated on plan of correction on 8/3/21.
Resident #3 and #8 have an operable lamp or other source of lighting by bedside.
Maintenance audited all PC rooms on 7/8/21 to ensure they had all proper furniture in rooms per regulations 101j4, 101j, and 101j7. See Attached
Administrator started in July monitoring ten rooms monthly to ensure the rooms are properly equipped. See attached. (DIRECTED: Documentation of the administrator audits shall be kept. █ 8/9/21)

DIRECTED: Within 72 hours of receipt of the plan of correction: A designated staff person shall inspect all resident bedrooms weekly to ensure each resident has an operable lamp or other source of lighting that can be turned on/off at bedside. Documentation of the checks shall be kept. █ 8/9/21)

Completion Date: *08/06/2021*

103e - Left Overs

1. **Requirements**

2600.
103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

On 6/22/21, an unlabeled and undated container of white rice, meat and a red hot pepper were present in the main kitchen refrigerator.

On 6/22/21, there was an unlabeled and undated plastic container containing a grilled chicken breast stored in the activities kitchen refrigerator.

Plan of Correction **Accept**

Dietary Staff will be educated by 8/3/21 on regulation 103e.
All left overs have been removed from the refrigerators in the kitchen.
Dietary Manager will monitor kitchen refrigerators daily for a month and then bi-weekly there after to ensure no left overs are in the refrigerator unlabeled and undated.

Completion Date: *08/06/2021*

109a - Pets

1. **Requirements**

2600.
109.a. The home rules shall specify whether the home permits pets on the premises.

109a - Pets *(continued)*

Description of Violation

The home rules indicate "residents are not permitted to house pets of any kind in the building" ; however, the following pets live in the home:

- *resident #12's cat*
- *resident #13's cat "*
- *resident #14's dog*

Plan of Correction **Directed**

All Staff was educated on plan of correction on 8/3/21.
Admissions is currently working with Corporate to have contracts updated with the correct verbiage for facility pets. See Attached.
Once we receive new contract we will provide copy to the department, and have the PC residents sign the new contract.

DIRECTED: By 9/1/21: The home shall update their pet policy to indicate if the home will continue to allow pets in the home. All residents shall be notified in writing 30 days in advance of the updated pet policy effective date. The signed, updated pet policy shall be kept in each resident's record. The updated pet policy shall also be included in the home's current resident-home contract for new admissions. 8/9/21

Completion Date: *08/06/2021*

109b - Rabies Vaccination

1. **Requirements**

2600.
109.b. Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

Description of Violation

No rabies vaccination record is present for resident #14's dog, .

The rabies vaccination for resident #13's cat, expired on 2/2/21.

Plan of Correction **Accept**

Resident #14 dog has his current vaccine records. See Attached
Resident #13 cat has her current vaccine records. See Attached
Moving forward Activities Director will monitor the pets vaccination records monthly.

Completion Date: *07/30/2021*

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

On 6/22/21 at approximately 11:10 am, the emergency exit door from the kitchen to the side of the home was blocked by a large, blue cart.

Plan of Correction **Directed**

Dietary Staff will be educated by 8/3/21 on regulation 121a.
Blue cart has been removed from the exit door so it is not blocking the door anymore.
Dietary Manager will monitor emergency exit door daily for a month and then bi-weekly there after to ensure emergency exit door from the kitchen is not blocked.

DIRECTED: Within 72 hours of receipt of the plan of correction; A designated staff person shall inspect the home daily to ensure all stairways, hallways, doorways, passageways and egress routes from rooms and the building are unlocked and unobstructed. ██ 8/9/21

Completion Date: *08/06/2021*

141a 1-10 Medical Evaluation Information

1. **Requirements**

2600.
141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #8's most recent medical evaluation, dated ██████, indicates, "see medication addendum", in the medication section; however, the medication addendum is not attached, and the medication administration record (MAR) attached is dated ██████

Resident #10's most recent medical evaluation, dated ██████, indicates, "see attached", in the medication addendum section and allergies section; however, nothing is attached.

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

Plan of Correction **Directed**

All Staff was educated on plan of correction on 8/3/21. (DIRECTED: The education shall include ensuring documents are not attached to the resident's medical evaluation after the in-person evaluation with the resident's physician has been completed. Documentation of the education shall be kept. 8/9/21)
Director of Nursing has attached medication addendum's to Resident #8 and #10 medical evaluation.
Director of Nursing will do an initial audit of all PC resident medical evaluations to ensure all proper information is on the evaluations by 8/7/21
Director of Nursing will monitor monthly after initial audit is complete.

Within 5 days of receipt of the plan of correction: A designated staff person shall develop and implement a new admission checklist to ensure a medical evaluation is completed in its entirety, within 60 days prior to admission or within 30 days after admission, for all newly-admitted residents. Documentation of the checklist shall be kept. Copies of completed medical evaluations shall be kept in each resident's record. All staff persons involved in the resident admission process shall be educated on the new checklist within 12 days of receipt of the plan of correction. Documentation of the education shall be kept. 8/9/21

Completion Date: *08/06/2021*

141b1 - Annual Medical Evaluation

1. **Requirements**

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #3's most recent medical evaluation, dated , indicates "see attached", in the medication addendum section; however, the medication administration record (MAR) attached is dated .

Resident #11's most recent medical evaluation, dated , does not indicate the resident's weight, temperature, blood pressure or pulse rate. These sections of the form are blank.

141b1 - Annual Medical Evaluation *(continued)*

Plan of Correction **Directed**

All Staff was educated on plan of correction on 8/3/21. (DIRECTED: The education shall include ensuring documents are not attached to the resident's medical evaluation after the in-person evaluation with the resident's physician has been completed. Documentation of the education shall be kept. █ 8/9/21)
Director of Nursing has fixed Resident #3 MAR attached to medical evaluation.
Director of Nursing has completed a new medical evaluation for Resident #11.
Director of Nursing will do an initial audit of all PC resident medical evaluations to ensure all proper information is on the evaluations by 8/7/21

Director of Nursing will monitor monthly after initial audit is complete.

DIRECTED: Within 5 days of receipt of the plan of correction: A designated staff person shall develop and implement a tracking system to ensure each resident has a medical evaluation completed in its entirety, at least annually. Documentation of the tracking system shall be kept. Copies of completed medical evaluations shall be kept in each resident's record. All staff persons involved in the completion of medical evaluations shall be educated on the new tracking system within 12 days of receipt of the plan of correction. Documentation of the education shall be kept. LM 8/9/21

Completion Date: *08/06/2021*

162c - Menus Posted

1. **Requirements**

2600.
162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The only menu posted in the home was dated 6/20/21 through 6/26/21.

Plan of Correction **Accept**

Dietary Staff will be educated by 8/3/21 on regulation 162c.
Dietary menus have been posted to ensure compliance.
Dietary Manager will make sure menus are posted in the home 1 week in advance and monitor daily for a month and then bi-weekly there after.

Completion Date: *08/06/2021*

182c - Medication Administration

1. **Requirements**

2600.
182.c. Medication administration includes the following activities, based on the needs of the resident:
   6. Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in subsection (b)(4).

182c - Medication Administration *(continued)*

Description of Violation

Multiple residents indicated that medications are routinely administered by being delivered in a cup to individual resident bedrooms and are left for the residents to ingest without observation by the staff person administering the medications.

Plan of Correction **Accept**

Direct Care Staff will be educated by 8/5/21 on regulation 182c, proper medication administration.
Director of Nursing will observe each Med Tech at least once passing pills by 8/10/21 to ensure proper medication administration.
Director of Nursing will observe Med Tech's monthly there after to ensure proper medication administration.

Completion Date: *08/10/2021*

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

On [redacted]/21 at [redacted] pm, numerous medications belonging to multiple residents were present on the back counter in the unlocked and unattended 3rd floor medication room, to include the following medications belonging to resident #4:

- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]

Plan of Correction **Directed**

Direct Care Staff will be educated on 8/3/21 on regulation 183b.
All medications found in med room unlocked and unattended have been removed and locked up per Director of Nursing.
Director of Nursing keeps all medications and syringes locked in her office, this goes for medications and syringes not being used.
Director of Nursing will monitor med room daily for two weeks and then monthly there after to ensure compliance.

DIRECTED: Within 72 hours of receipt of the plan of correction: A designated staff person shall monitor the home daily, including all medication storage areas, to ensure all prescription medications, OTC medications, CAM and syringes are kept in an area that is locked. [redacted] 8/10/21

Completion Date: *08/06/2021*

183d - Prescription Current

1. **Requirements**

2600.

183d - Prescription Current *(continued)*

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

Description of Violation

On /21 at pm, numerous medications belonging to resident #4, who passed away on resident #4's date of death, were present on the back counter in the 3rd floor medication room, to include the following:

-
-
-
-
-
-
-

On 6/23/21, resident #10's was present in the home's medication cart; however, the medication was discontinued on 6/16/21.

Plan of Correction **Directed**

Direct Care Staff will be educated by 8/3/21 on regulation 183d.
Director of Nursing completed a med cart audit on 7/7, 7/8 and 7/14/21 and made sure all d/c medications were removed. See Attached.
Director of Nursing will do a monthly med cart audit to ensure d/c medications are removed. (DIRECTED: The audit shall also include a review of medications for residents who have passed away or are no longer in the home. Documentation of the audit shall be kept. LM 8/11/21)

DIRECTED: Within 5 days of receipt of the plan of correction: A designated staff person shall develop and implement procedures to ensure only current prescription, OTC, sample and CAM's for residents living in the home shall be kept in the home. The procedures shall include steps for removing medications for residents who pass away, or are no longer living in the home, All staff persons qualified to administer medications shall be educated on the new procedures within 12 days of receipt of the plan of correction. Documentation of the education shall be kept. LM 8/11/21

Completion Date: *08/06/2021*

184a - Labeling OTC/CAM

1. **Requirements**

2600.

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

1. The resident’s name.
2. The name of the medication.
3. The date the prescription was issued.

184a - Labeling OTC/CAM *(continued)*

4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

Resident #10 is prescribed [redacted] s needed; however, the pharmacy label only indicates [redacted] as needed.

Resident #10 is prescribed [redacted] -Apply topically to left hip every shift as needed; however, the pharmacy label indicates [redacted] twice a day,

Plan of Correction **Directed**

Direct Care Staff will be educated by 8/3/21 on regulation 184a.
Director of Nursing completed a med cart audit on 7/7, 7/8, and 7/14/21. See attached.
Director of Nursing will complete a medication cart audit monthly going forward to ensure medications are labeled correctly. (DIRECTED: Within 72 hours of receipt of the plan of correction: The audit shall occur weekly for 4 weeks, then monthly thereafter. Documentation of the audit shall be kept. [redacted] 8/11/21)

DIRECTED: Within 72 hours of receipt of the plan of correction: A designated staff person shall review the pharmacy labels for resident #10's Albuterol Sulfate and Bengay to ensure an accurate pharmacy label is present in accordance with the prescriber's order. If a pharmacy label if found to be missing or inaccurate, the pharmacy shall be immediately contacted for remedial action. [redacted] 8/11/21

DIRECTED: Within 5 days of receipt of the plan of correction: A designated staff person shall develop and implement procedures to ensure an accurate pharmacy label is present on each resident medication in accordance with prescribers' orders. The procedures shall include steps for pharmacy labels to be updated upon receipt of new prescribers' orders. All staff persons qualified to administer medications shall be educated on the new procedures within 12 days of receipt of the plan of correction. Documentation of the education shall be kept. [redacted] 8/11/21

Completion Date: *08/06/2021*

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 6/23/21, resident #10's bottle of [redacted] was not labeled with the resident's name.

184b - Resident's Meds Labeled *(continued)*

Plan of Correction **Directed**

Direct Care Staff will be educated by 8/3/21 on regulation 184b.
Director of Nursing completed a med cart audit on 7/7, 7/8, and 7/14/21. See attached.
Director of Nursing will complete a medication cart audit monthly going forward to ensure medications have the residents name on them. (DIRECTED: Documentation of the audits shall be kept. 8/11/21)

DIRECTED: Immediately: Resident #10's bottle of shall be labeled with the resident's first and last name. 8/11/21

DIRECTED: Within 5 days of receipt of the plan of correction: A designated staff person shall develop and implement procedures to ensure OTC medications are labeled with the resident's first and last name immediately upon receipt. All staff persons qualified to administer medications shall be educated on the new procedures within 12 days of receipt of the plan of correction. Documentation of the education shall be kept. 8/11/21

Completion Date: *08/06/2021*

185a - Implement Storage Procedures

1. **Requirements**

2600.
185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #8 is prescribed with meals and inject subcutaneously per sliding scale. On the following dates and times, the blood sugar readings on resident #8's glucometer did not match the blood sugar readings documented on the resident's June 2021 MAR:

Date/time as indicated on the glucometer	*Glucometer reading*	*MAR reading*

Plan of Correction **Accept**

Direct Care Staff will be educated by 8/5/21 on regulation 185a.
Director of Nursing will do an audit of blood sugar documentation and have it completed by 8/7/21.
Director of Nursing will audit blood sugar readings/documentation monthly to ensure documentation is accurate and complete.

Completion Date: *08/07/2021*

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.

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

Description of Violation

Resident #8 is prescribed ; however, the resident's June 2021 MAR does not include the initials of the staff person who administered the medication at pm on /21 and 6/21/21.

Resident #8 is prescribed . The resident's June 2021 MAR indicates the medication was administered on /21 at am and pm; however, the medication was not available in the home on this date and was not administered.

Resident #9's June 2021 MAR does not include the initials of the staff persons who administered multiple medications on numerous dates and times, to include the following:

- *on /21 at am*
- *on /21 and /21 at pm*
- *on /21, /21 and /21 at pm*

Resident #10's June 2021 MAR does not include the initials of the staff persons who administered multiple medications on numerous dates and times, to include the following:

- *on /21 at am*
- *on /21 and /21 at 8:00 am*
- *on /21 during the am- pm shift and the pm- pm shift*

Plan of Correction **Directed**

Direct Care Staff will be educated by 8/3/21 on regulation 187b, including documentation of med pass and recording timely. (DIRECTED: The staff training shall include proper procedures for medication administration documentation, which includes documenting administration on resident medication administration records immediately following medication administration to a resident. The training shall include procedures for proper documentation of medications that are not available in the home. Documentation of the education shall be kept. 8/11/21
Director of Nursing will do an initial audit by 8/10/21.
Director of Nursing will monitor monthly when completing cart audits all PC resident MAR, to ensure staff are recording medications timely. (DIRECTED: Within 72 hours of receipt of the plan of correction: The Director of Nursing audit shall occur weekly for 4 weeks, then monthly thereafter. Documentation of the audit shall be kept. 8/11/21)

Completion Date: *08/06/2021*

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 #8 is prescribed subcutaneously every morning and at bedtime; however, this medication was not administered to the resident on the following dates and times, because the medication was not available in the home:

- */21, /21, /21, /21, /21 and /21 at 8:00 pm*
- */21, /21, /21, /21 at 8:00 am*

Resident #8 is prescribed with meals and inject subcutaneously per sliding scale; however, there are no blood sugar readings present on the resident's glucometer on /21 at pm and on /21 at pm.

Resident #10 is prescribed by mouth once daily as needed. The resident requested the medication to be administered on /21; however, the medication was not administered, because it was not available in the home for administration.

Plan of Correction **Directed**

Direct Care Staff will be educated by 8/3/21 on regulation 185a.
Director of Nursing will do an audit of blood sugar/glucometers initially and have it completed by 8/7/21.
Director of Nursing will audit blood sugar readings/glucometers monthly to ensure documentation is accurate and complete per prescribers orders. (DIRECTED: Within 72 hours of receipt of the plan of correction: The audits shall occur daily for one week, weekly for 4 weeks, then monthly thereafter. Documentation of the audits shall be kept. 8/11/21)

DIRECTED: Within 72 hours of receipt of the plan of correction, then monthly thereafter: A designated staff person shall review all resident medication storage areas to ensure all prescribed medications, including pro re nata (PRN) medications, are present in the home. 8/11/21

DIRECTED: Within 5 days of receipt of the plan of correction: A designated staff person shall develop and implement procedures to ensure all prescribed resident medications are present in the home for administration in accordance with prescriber's orders. The procedures shall include steps to ensure medications are delivered to the home prior to the depletion of the current supply. All staff persons qualified to administer medications shall be educated on the new procedures within 12 days of receipt of the plan of correction. Documentation of the education shall be kept. 8/11/21

DIRECTED: Within 5 days of receipt of the plan of correction: All staff persons qualified to administer medications shall be reeducated on proper blood sugar testing, which includes ensuring resident blood sugars are taken in accordance with prescriber's orders, as well as documented on the resident's medication administration record. Documentation of the education shall be kept. 8/11/21

Completion Date: *08/06/2021*

190a - Completion Medication Course

1. **Requirements**

190a - Completion Medication Course *(continued)*

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

Direct care staff person B has not successfully completed the annual practicum in accordance with the Department-approved medication administration course since ; however, staff person B has administered medications to numerous residents on multiple days and times, including the following medications to resident #3 on /21;

- *, at and pm*
- *, at am*
- *, at am*
- *, at am and pm*

Plan of Correction **Directed**

Direct Care Staff will be educated by 8/3/21 on regulation 190a.
On 7/14/21 all Med Tech's received their med tech recertification/observation. See Attached.
Administrator will monitor monthly and ensure every 6 months they receive their observations per regulation 190a.

DIRECTED: Immediately: Staff person B will not administer medications to residents until they have successfully completed the Department-approved medications administration course conducted by a Department-approved train-the-trainer. Documentation of the education shall be kept. 8/11/21

DIRECTED: Within 72 hours of receipt of the plan of correction: A designated staff person shall create a tracking system to ensure all staff persons administering medications are qualified to do so. The tracking system shall include the date the staff person successfully completed the initial Department-approved medications administration course conducted by a Department-approved train-the-trainer, as well as the dates of reviews in accordance with the Department-approved annual practicum. Copies of the tracking system, as well as copies of all training records, shall be kept. 8/11/21

Completion Date: *08/06/2021*

190b - Insulin Injections

1. **Requirements**

2600.

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

Description of Violation

Direct care staff person B has not successfully completed the Department-approved diabetes patient education program within the past 12 months; however, the staff person has administered insulin to multiple residents, including resident #8's nits subcutaneously every morning and at bedtime, on numerous dates and times, including the following:

- *At am on through*
- *At on*

190b - Insulin Injections *(continued)*

Plan of Correction **Directed**

Direct Care Staff will be educated by 8/3/21 on regulation 190b.

On 7/14/21 all Med Tech's received their annual diabetic and insulin training. See Attached.
Administrator will monitor monthly ensure every year they receive their diabetic training per regulation 190b..

DIRECTED: Immediately: Staff person B will not administer insulin to residents until they have successfully completed the Department-approved medications administration course conducted by a Department-approved train-the-trainer, as well as successful completion of the Department-approved diabetes patient education program conducted by a certified diabetic educator within the last 12 months. Documentation of the education shall be kept. ██ 8/11/21

DIRECTED: Within 72 hours of receipt of the plan of correction: A designated staff person shall create a tracking system to ensure all staff persons administering medications are qualified to do so. The tracking system shall include the date the staff person successfully completed the initial Department-approved medications administration course conducted by a Department-approved train-the-trainer, the dates of reviews in accordance with the Department-approved annual practicum, as well as the dates the staff person has successfully completed the diabetes patient education program conducted by a certified diabetic educator. Copies of the tracking system, as well as copies of all training records, shall be kept. ██ 8/11/21

Completion Date: *08/06/2021*

190c - Record of Training

1. **Requirements**

2600.
190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

Description of Violation

The home's diabetic administration training record for staff person C, dated ████, does not include the training source and the name of the trainer.

190c - Record of Training *(continued)*

Plan of Correction **Directed**

All Staff was educated on plan of correction on 8/3/21.
Direct Care Staff will be educated by 8/5/21 on regulation 190c.
Staff Person C received the diabetic training from [redacted]. See Attached Certificate of Trainer.
Staff Person C has completed the annual diabetic training as of [redacted]. See Attached.

Within 5 days of receipt of the plan of correction, then quarterly thereafter: A designated staff person shall review all medication training records to ensure the training records include the name of the staff persons trained, the date, source, name of trainer and documentation that the course was successfully completed. Staff persons who are responsible for conducting staff education shall be reeducated on 2600.190c within 12 days of receipt of the plan of correction to ensure accurate and complete training records are maintained. Documentation of the education shall be kept. [redacted] 8/11/21

Completion Date: *08/06/2021*

224a - Preadmission Screen Form

1. **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.

Description of Violation

Resident #8's preadmission screening form, dated [redacted], does not indicate the resident's ability to self-administer medications. This section of the form is blank.

No preadmission screening was completed for resident #10, who was admitted to the home on [redacted].

224a - Preadmission Screen Form *(continued)*

Plan of Correction **Directed**

All Staff was educated on plan of correction on 8/3/21.
Direct Care Staff will be educated by 8/5/21 on regulation 224a.
Resident #8 pre-admission screening form has been updated.
Resident #10 has a pre-admission form completed now.
Director of Nursing will do an initial audit of all PC resident pre-admission screening form to ensure each PC resident has one and its completed 8/7/21.
Administrator already monitoring monthly all new admissions starting in July to ensure paperwork is complete. See attached.

DIRECTED: Within 5 days of receipt of the plan of correction: A designated staff person shall develop and implement a new-admission checklist to ensure a preadmission screening is completed within 30 days prior to admission for all newly-admitted residents. Documentation of the checklist shall be kept. Copies of completed preadmission screenings shall be kept in each resident's record. All staff persons involved in the resident admission process shall be educated on the new checklist within 12 days of receipt of the plan of correction. Documentation of the education shall be kept. 8/11/21

Completion Date: *08/06/2021*

225a - Assessment 15 Days

1. **Requirements**

2600.
225.a. A resident shall have a written initial assessment that is documented on the Department’s assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #8’s most recent assessment, dated , does not include an assessment in the areas of social and recreational needs and the summary and determination section. These sections of the form are blank. Also, the resident's assessment does not include the diagnoses of , as indicated on the resident's most recent medical evaluation, dated .

Resident #10’s most recent assessment, dated , does not include an assessment in the areas of ambulating, supervision, social and recreational needs and the summary and determination section. These sections of the form are blank.

225a - Assessment 15 Days *(continued)*

Plan of Correction **Directed**

All Staff was educated on plan of correction on 8/3/21.
Direct Care Staff will be educated by 8/5/21 on regulation 225a.
Director of Nursing is completing new assessments on resident # 8 and resident # 10. (DIRECTED: The new assessments for resident #8 and #10 shall be completed within 5 days of receipt of the plan of correction. Copies of the completed assessments shall be kept in each resident's record. █ 8/11/21)
Director of Nursing will complete an audit of all assessments to make sure all areas of the assessments are completed and will monitor monthly starting September. (DIRECTED: The audit of all resident records shall be completed within 7 days of receipt of the plan of correction, to ensure each resident has an assessment completed in its entirety. █ 8/11/21)

DIRECTED: Within 5 days of receipt of the plan of correction: A designated staff person shall develop and implement a new-admission checklist to ensure an assessment is completed in its entirety within 15 days of admission for all newly-admitted residents. Documentation of the checklist shall be kept. Copies of completed assessments shall be kept in each resident's record. All staff persons involved in the resident admission process shall be educated on the new checklist within 12 days of receipt of the plan of correction. Documentation of the education shall be kept. █ 8/11/21

Completion Date: *08/06/2021*

225c - Additional Assessment

1. **Requirements**

2600.
225.c. The resident shall have additional assessments as follows:
1. Annually.

Description of Violation

Resident #3's most recent assessment, dated █, indicates "N/A" for bladder management and no dietary needs; however, the resident uses a Foley catheter and is prescribed a mechanical soft diet.

Resident #11's most recent assessment, dated █, does not include an assessment of the resident's needs in securing healthcare and the summary and determination section. These sections of the form are blank.

225c - Additional Assessment *(continued)*

Plan of Correction **Directed**

All Staff was educated on plan of correction on 8/3/21.
Direct Care Staff will be educated by 8/5/21 on regulation 225c.
Director of Nursing is completing new assessments on resident # 3 and resident # 11. (DIRECTED: The new assessments for resident #3 and #11 shall be completed within 5 days of receipt of the plan of correction. Copies of the completed assessments shall be kept in each resident's record. 8/11/21)
Director of Nursing will complete an audit of all assessments to make sure all areas of the assessments are completed and will monitor monthly starting September. (DIRECTED: The audit of all resident records shall be completed within 7 days of receipt of the plan of correction, to ensure each resident has an assessment completed in its entirety. 8/11/21)

DIRECTED: Within 5 days of receipt of the plan of correction: A designated staff person shall develop and implement a tracking system to ensure an assessment is completed in its entirety for each resident at least annually. Documentation of the tracking system shall be kept. Copies of completed assessments shall be kept in each resident's record. All staff persons involved in the resident assessment process shall be educated on the new tracking system within 12 days of receipt of the plan of correction. Documentation of the education shall be kept. 8/11/21

Completion Date: *08/06/2021*

227d - Support Plan Medical/Dental

1. **Requirements**

2600.
227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #3 has been receiving hospice services since ; however, the resident's most recent support plan, dated , does not include the hospice services the resident is receiving or the frequency of services.

227d - Support Plan Medical/Dental *(continued)*

Plan of Correction **Directed**

All Staff was educated on plan of correction on 8/3/21.
Direct Care Staff will be educated by 8/5/21 on regulation 227d.
Director of Nursing is completing new RASP on resident #3. (DIRECTED: The new assessment and support plan for resident #3 shall be completed within 5 days of receipt of the plan of correction. Copies of the completed assessments shall be kept in each resident's record. ██ 8/11/21)
Director of Nursing will complete an audit of all RASP to ensure they are current and accurate and will monitor monthly starting September. (DIRECTED: The audit of all resident records shall be completed within 7 days of receipt of the plan of correction, to ensure each resident has a support plan completed in its entirety. ██ 8/11/21)

DIRECTED: Within 5 days of receipt of the plan of correction: A designated staff person shall develop and implement a system to ensure resident support plans are updated as resident care needs change. Documentation of the system shall be kept. Copies of completed support plans shall be kept in each resident's record. All staff persons involved in the development of resident support plan shall be educated on the new system within 12 days of receipt of the plan of correction. Documentation of the education shall be kept. ██ 8/11/21

Completion Date: *08/06/2021*

227g -Support Plan Signatures

1. **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 #8's most recent support plan, dated ██████, is not signed by the resident and does not indicate if the resident was unable to participate, declined to participate, refused to sign or was unable to sign.

227g -Support Plan Signatures *(continued)*

Plan of Correction **Directed**

All Staff was educated on plan of correction on 8/3/21.
Direct Care Staff will be educated by 8/5/21 on regulation 227g. (DIRECTED: Within 5 days of receipt of the plan of correction: All staff persons involved in the development of support plans shall be educated that all individuals who participated in its development shall sign the support plan. The education shall include a notation on the resident's support plan if the resident was unable to participate, declined to participate, refused to sign or was unable to sign. Documentation of the education shall be kept ██ 8/11/21)
Director of Nursing has gotten a signature for Resident #8 support plan.
Director of Nursing will complete an audit of all RASP to ensure the support plan is signed and dated appropriately and will monitor monthly starting September. (DIRECTED: The audit of all resident records shall be completed within 7 days of receipt of the plan of correction, to ensure each resident's support plan is signed by all individuals who participated in its development. ██ 8/11/21)

DIRECTED: Within 72 hours of receipt of the plan of correction: A designated staff person shall review at least 5 resident support plans monthly to ensure they are signed by all individuals who participated in its development. LM 8/11/21

Completion Date: *08/06/2021*