

Department of Human Services
Bureau of Human Service Licensing

October 29, 2022

[REDACTED]
DEVEREUX FOUNDATION INC
139 LEOPARD ROAD
[REDACTED]
BERWYN, PA, 19312

RE: DEVEREUX PA ADULT SERVICES PCH
- HILLTOP COTTAGE
237 LEOPARD ROAD
BERWYN, PA, 19312
LICENSE/COCC#: 19819

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/07/2021 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

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

Facility Information

Name: *DEVEREUX PA ADULT SERVICES PCH - HILLTOP COTTAGE* License #: *19819* License Expiration: *02/08/2022*
Address: *237 LEOPARD ROAD, BERWYN, PA 19312*
County: *CHESTER* Region: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *DEVEREUX FOUNDATION INC*
Address: *139 LEOPARD ROAD, CHRIS BETTS, BERWYN, PA, 19312*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *12/19/2000* Issued By: *Commonwealth of Pa*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *10* Waking Staff: *8*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *07/08/2021*

Inspection Dates and Department Representative

07/07/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *18* Residents Served: *10*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *5* Are 60 Years of Age or Older: *2*
Diagnosed with Mental Illness: *3* Diagnosed with Intellectual Disability: *6*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

07/07/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/18/2021*

10/21/2021 - POC Submission

Submitted By: [REDACTED] Date Submitted: *10/15/2021*
Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/24/2021*

11/10/2021 - POC Submission

Submitted By: [REDACTED] Date Submitted: *11/10/2021*
Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *11/13/2021*

10/29/2022 - Document Submission

Submitted By: [REDACTED] Date Submitted: *10/25/2022*
Reviewer: [REDACTED] Follow-Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

2600.

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

Description of Violation

On [redacted] resident 1 [redacted] staff person A in the face during an altercation over milk for another resident. The home did not report this incident to the department.

POC Submission

Accept

All members of the Quality Management Team will be trained on 2600. 16.c. and Appendix A (Reportable Incidents) of the Regulatory Compliance Guide. Moving forward the Director of Quality Management and/or designee will review incidents to ensure any reportable incidents per Appendix A are submitted within 24 hours as applicable.

Licensee's Proposed Overall Completion Date: 10/27/2021

Document Submission

Implemented [redacted] - 10/29/2022

All members of the Quality Management Team will be trained on 2600. 16.c. and Appendix A (Reportable Incidents) of the Regulatory Compliance Guide. Moving forward the Director of Quality Management and/or designee will review incidents to ensure any reportable incidents per Appendix A are submitted within 24 hours as applicable.

Licensee's Proposed Overall Completion Date: 10/25/2022

18 - Compliance With Laws

2. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

34 Pa.Code Chapter 3, known as the Boilers and Unfired Pressure Vessels regulations. (governed by Department of Labor and Industry). If a home has a boiler, it must have a valid "Certificate of Boiler or Pressure Vessel Operation" issued by the PA Department of Labor and Industry. Upon expiration of the certificate, boilers must be inspected, and if they pass inspection, they will be issued a new certificate. The home's boiler certificate expired 11/23/17.

POC Submission

Accept

The boiler was inspected and the certificate was updated.

Moving forward, after every inspection, the Maintenance Department will replace the expired certificate with the new certificate.

Licensee's Proposed Overall Completion Date: 07/30/2021

Document Submission

Implemented [redacted] - 10/29/2022

The boiler was inspected and the certificate was updated.

Moving forward, after every inspection, the Maintenance Department will replace the expired certificate with the new certificate.

Licensee's Proposed Overall Completion Date: 10/25/2022

65a - FS Orientation 1st Day

3. 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 new hire orientation until [REDACTED]

Staff person C, whose first day of work was [REDACTED] did not receive new hire orientation until [REDACTED]

POC Submission**Directed**

Staff B's hire date and general new staff orientation date was [REDACTED]. After a week-long orientation, Staff B's first day in the program was [REDACTED] and a unit (site/program) orientation was conducted by the administrator/supervisor at which time the DPW competency test was done. Staff C's hire date and general new staff orientation date was [REDACTED]. After a week-long orientation, Staff C's first day in the program was [REDACTED] and a unit (site/program) orientation was conducted by the administrator/supervisor at which time the DPW competency test was done. Devereux requires more extensive training before staff can work in a program. Both staff completed the required training as per 2600.65a before their first day in the program and the regulation was followed. As per 2600.65a- "the first day of work means the day a person begins to perform job duties on-site at the home in a paid status". Staff B was with the Training Department off-site receiving general training prior to [REDACTED]. On the first on-site day, Staff B received the required PCH training prior to shadowing a staff and prior to completing their first shift. Staff C worked in a non-PCH program for a year. On the first on-site day, Staff C received the required PCH training prior to shadowing a staff and prior to completing their first shift.

Directed

Within 30 calendar days of receipt of the accepted plan of correction - The administrator or designee will review all training records for staff hired within the past year to ensure all direct care staff persons including ancillary staff persons, substitute personnel and volunteers have completed an orientation in general fire safety and emergency preparedness in accordance with regulation 2600.65(a) including, evacuation procedure; staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable. Documentation of the training shall be kept in the employee's record.

Within 30 calendar days of receipt of the accepted plan of correction - All staff persons involved in the hiring and retention of staff will be educated on the home's policy and procedures for new staff person training including the requirements of regulation 2600.65(a). Documentation of education will be kept. [REDACTED] 11/10/21

Directed Completion Date: 10/26/2021

65a - FS Orientation 1st Day (continued)

Document Submission

Implemented (MJ - 10/29/2022)

Staff B's hire date and general new staff orientation date was [redacted] After a week-long orientation, Staff B's first day in the program was [redacted] and a unit (site/program) orientation was conducted by the administrator/supervisor at which time the DPW competency test was done. Staff C's hire date and general new staff orientation date was [redacted]. After a week-long orientation, Staff C's first day in the program was [redacted] and a unit (site/program) orientation was conducted by the administrator/supervisor at which time the DPW competency test was done. Devereux requires more extensive training before staff can work in a program. Both staff completed the required training as per 2600.65a before their first day in the program and the regulation was followed. As per 2600.65a- "the first day of work means the day a person begins to perform job duties on-site at the home in a paid status". Staff B was with the Training Department off-site receiving general training prior to [redacted]. On the first on-site day, Staff B received the required PCH training prior to shadowing a staff and prior to completing their first shift. Staff C worked in a non-PCH program for a year. On the first on-site day, Staff C received the required PCH training prior to shadowing a staff and prior to completing their first shift.

Licensee's Proposed Overall Completion Date: 10/25/2022

65b - Rights/Abuse 40 Hours

4. 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:

Description of Violation

Staff person C completed his/her 40th scheduled work hour on [redacted] However, this staff person did not complete the training until [redacted].

POC Submission

Directed

Staff C worked in a non-PCH program for one year. On the first on-site day (7.24.18, not 7.24.19), Staff C received the required PCH training prior to shadowing a staff and prior to completing their first shift.

Directed

Within 30 calendar days of receipt of the accepted plan of correction - All staff persons involved in the hiring and retention of staff will be educated on the home's policy and procedures for new staff person training including the requirements of regulation 2600.65(b). Documentation of education will be kept. [redacted] 11/10/21

Directed Completion Date: 10/26/2021

Document Submission

Implemented [redacted] - 10/29/2022)

Staff C worked in a non-PCH program for one year. On the first on-site day (7.24.18, not 7.24.19), Staff C received the required PCH training prior to shadowing a staff and prior to completing their first shift.

Licensee's Proposed Overall Completion Date: 10/25/2022

88a - Surfaces

5. Requirements

2600.

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

Description of Violation

On 7/7/21, the ceiling of the closet in the area where the Medication cart is located has damage from a leak and is

88a - Surfaces (continued)

covered in what looks like mold.

On 7/7/21, the ceiling in the medication cart area has damage from a leak.

On 7/7/21, the hallway near the Medication Cart area has patches of plaster that have not been painted.

On 7/7/21, the resident bedroom belonging to resident 2 has damage on all of its walls. There are holes, crumbling drywall, and unpainted areas.

POC Submission

Accept

The leak and ceiling damage in the area where the medication cart is located was repaired and painted by the Maintenance Department and the wall in resident 2's bedroom was repaired and painted as well.

Moving forward, staff and supervisor will report any physical plant damage to the Maintenance Department through an emergency maintenance request.

Licensee's Proposed Overall Completion Date: 08/24/2021

Document Submission

Implemented (████ - 10/29/2022)

The leak and ceiling damage in the area where the medication cart is located was repaired and painted by the Maintenance Department and the wall in resident 2's bedroom was repaired and painted as well.

Moving forward, staff and supervisor will report any physical plant damage to the Maintenance Department through an emergency maintenance request.

Licensee's Proposed Overall Completion Date: 10/25/2022

95 - Furniture and Equipment

6. Requirements

2600.

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

Description of Violation

On 7/7/21, the temperature in the refrigerator being kept in the storage area is 76 degrees. The unit was in disrepair but the home was still using it for food storage.

POC Submission

Accept

The refrigerator in the storage (pantry) was replaced after the inspection with a new refrigerator.

Moving forward, the Supervisor will continue to report any out of service appliances in the program to the Maintenance Department for immediate repair/replacement.

Licensee's Proposed Overall Completion Date: 07/25/2021

95 - Furniture and Equipment (continued)

Document Submission **Implemented** [redacted] - 10/29/2022)

The refrigerator in the storage (pantry) was replaced after the inspection with a new refrigerator. Moving forward, the Supervisor will continue to report any out of service appliances in the program to the Maintenance Department for immediate repair/replacement.

Licensee's Proposed Overall Completion Date: 10/25/2022

101j7 - Lighting/Operable Lamp

7. 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

Residents 2 and 3 do not have access to a source of light that can be turned on/off at bedside.

POC Submission **Accept**

Two new bedside lamps were purchased for resident 2 and 3's bedrooms immediately after the inspection. Moving forward, Staff will carry out monthly rooms checks for any missing or damaged items and immediately submit a report to the supervisor and enter a maintenance request for replacement of repairs.

Licensee's Proposed Overall Completion Date: 07/08/2021

Document Submission **Implemented** [redacted] - 10/29/2022)

Two new bedside lamps were purchased for resident 2 and 3's bedrooms immediately after the inspection. Moving forward, Staff will carry out monthly rooms checks for any missing or damaged items and immediately submit a report to the supervisor and enter a maintenance request for replacement of repairs.

Licensee's Proposed Overall Completion Date: 10/25/2022

102k - No Common Towel

8. Requirements

2600.

102.k. Use of a common towel is prohibited.

Description of Violation

On 7/7/21, there were no paper towels, mechanical hand dryer or other sanitary means of hand drying in the bathroom in room [redacted]

POC Submission **Accept**

The C-fold paper towel dispenser was refilled immediately after the inspection. Moving forward, the overnight staff will check every bathroom and restock them with C-fold paper towels and soap as needed.

Licensee's Proposed Overall Completion Date: 07/08/2021

102k - No Common Towel (continued)

Document Submission **Implemented** [REDACTED] - 10/29/2022)

The C-fold paper towel dispenser was refilled immediately after the inspection.

Moving forward, the overnight staff will check every bathroom and restock them with C-fold paper towels and soap as needed.

Licensee's Proposed Overall Completion Date: 10/25/2022

103e - Left Overs

9. 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

There was an unlabeled, undated package of meat in aluminum foil in the refrigerator.

POC Submission **Accept**

The unlabeled package of meat in the refrigerator was removed and disposed of.

Moving forward, any open package of food will be placed in a Ziplock bag and labeled with open date and expiration date.

Licensee's Proposed Overall Completion Date: 07/08/2021

Document Submission **Implemented** [REDACTED] - 10/29/2022)

The unlabeled package of meat in the refrigerator was removed and disposed of.

Moving forward, any open package of food will be placed in a Ziplock bag and labeled with open date and expiration date.

Licensee's Proposed Overall Completion Date: 10/25/2022

103f - Refrigerator/Freezer Temps

10. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 7/7/21, the temperature in the freezer being kept in the storage room is 20 degrees Fahrenheit.

On 7/7/21, the temperature in the refrigerator being kept in the storage area is 76 degrees Fahrenheit. The unit was in disrepair but the home was still using it for food storage.

POC Submission **Accept**

The freezer in storage/pantry was replaced with a new commercial size refrigerator and freezer.

Moving forward, staff will continue to document temperatures for both freezer and refrigerator and report any change in the temperature reading to the Maintenance Department.

Licensee's Proposed Overall Completion Date: 07/25/2021

103f - Refrigerator/Freezer Temps (continued)

Document Submission **Implemented** [REDACTED] - 10/29/2022)

The freezer in storage/pantry was replaced with a new commercial size refrigerator and freezer. Moving forward, staff will continue to document temperatures for both freezer and refrigerator and report any change in the temperature reading to the Maintenance Department.

Licensee's Proposed Overall Completion Date: 10/25/2022

107c - Food/Water 3 Day Supply

11. Requirements

2600.

107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Description of Violation

On 7/7/21, the home served 10 residents, requiring 30 gallons of emergency drinking water. However, the home had only 19 gallons. The home does not have a contract with a local bottled water supplier that includes the remaining amount needed.

POC Submission **Accept**

In addition to the 19 gallons of emergency water, 25 more gallons were purchased. Moving forward, staff will check the program emergency water and replace when there is a reduction in the supplies.

Licensee's Proposed Overall Completion Date: 07/09/2021

Document Submission **Implemented** [REDACTED] - 10/29/2022)

n addition to the 19 gallons of emergency water, 25 more gallons were purchased. Moving forward, staff will check the program emergency water and replace when there is a reduction in the supplies.

Licensee's Proposed Overall Completion Date: 10/25/2022

131f - Fire Extinguisher Inspection

12. Requirements

2600.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

None of the home's fire extinguishers have labels indicating they were inspection by a fire safety expert.

POC Submission **Accept**

The fire extinguishers were labelled by the Maintenance Department after the fire safety expert conducted their inspection of the extinguishers. Moving forward, the staff will continue to check extinguishers for any missing inspections information during the program monthly fire drill and report to supervisor and the Maintenance Department.

Licensee's Proposed Overall Completion Date: 08/20/2021

Document Submission **Implemented** [REDACTED] - 10/29/2022)

The fire extinguishers were labelled by the Maintenance Department after the fire safety expert conducted their

131f - Fire Extinguisher Inspection (continued)

inspection of the extinguishers.

Moving forward, the staff will continue to check extinguishers for any missing inspections information during the program monthly fire drill and report to supervisor and the Maintenance Department.

Licensee's Proposed Overall Completion Date: 10/25/2022

183f - Discontinued Medications

13. Requirements

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

On 7/7/21, [REDACTED] belonging to resident 1 were observed on the medication cart; however the medication expired [REDACTED].

On 7/7/21, [REDACTED] belonging to resident 2 were observed on the medication cart; however the medication expired [REDACTED].

POC Submission

Accept

The medication [REDACTED] belonging to resident 1 was removed from the medication cart and replaced with the new order. Also, the medication [REDACTED] belonging to resident 2 was removed from the medication cart and replaced with a new order.

Moving forward, the overnight staff will carry out medication cart audits and remove any expired and/or discontinued medications from the cart and put in a refill order with the pharmacy and notify the nurse and supervisor/administrator.

Licensee's Proposed Overall Completion Date: 07/08/2021

Document Submission

Implemented [REDACTED] 10/29/2022)

The medication [REDACTED] belonging to resident 1 was removed from the medication cart and replaced with the new order. Also, the medication [REDACTED] belonging to resident 2 was removed from the medication cart and replaced with a new order.

Moving forward, the overnight staff will carry out medication cart audits and remove any expired and/or discontinued medications from the cart and put in a refill order with the pharmacy and notify the nurse and supervisor/administrator.

Licensee's Proposed Overall Completion Date: 10/25/2022

185a - Implement Storage Procedures

14. Requirements

2600.

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

185a - Implement Storage Procedures (continued)

Description of Violation

On 7/7/21, the medication cart was left unlocked and unsecured.

Resident 4 is prescribed [redacted] This medication is not being included in the [redacted] and does not have a [redacted]

POC Submission

Accept

The medication [redacted] was added in the [redacted] with a [redacted] and the medication cart was secured.

Moving forward, second shift and overnight staff will do [redacted] at the end of shift and [redacted] in double lockbox in the medication cart.

Licensee's Proposed Overall Completion Date: 07/08/2021

Document Submission

Implemented [redacted] 10/29/2022)

The medication [redacted] was added in the [redacted] with a [redacted] and the medication cart was secured.

Moving forward, second shift and overnight staff will do [redacted] at the end of shift and [redacted] in double lockbox in the medication cart.

Licensee's Proposed Overall Completion Date: 10/25/2022

186a - Authorized Prescriber

15. Requirements

2600.

186.a. Each prescription medication must be prescribed in writing by an authorized prescriber. Prescription orders shall be kept current.

Description of Violation

The prescription medication [redacted] belonging to resident 2 was located in the Medication Cart [redacted] This medication has been discontinued and is no longer on the residents Medication Administration Record.

POC Submission

Accept

The discontinued medication [redacted] to resident 2 was removed from the medication cart [redacted] and returned to pharmacy.

Moving forward, second shift and overnight staff will do control counts at the end of shift and remove any discontinued controls in double lockbox in the medication cart.

Licensee's Proposed Overall Completion Date: 07/08/2021

Document Submission

Implemented [redacted] - 10/29/2022)

The discontinued medication [redacted] belonging to resident 2 was removed from the medication cart [redacted] and returned to pharmacy.

Moving forward, second shift and overnight staff will do control counts at the end of shift and remove any discontinued controls in double lockbox in the medication cart.

Licensee's Proposed Overall Completion Date: 10/25/2022

191 - Resident Right to Refuse

16. Requirements

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident 2, admitted [REDACTED] has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error. The home could not provide signed documentation.

POC Submission

Accept

The right to refuse a medication was added to the client rights in the program and a training was completed with residents regarding the resident right to refuse medication. Moving forward, the client rights will be reviewed annually to ensure it is in compliance with the regulation.

Licensee's Proposed Overall Completion Date: 07/21/2021

Document Submission

Implemented [REDACTED] - 10/29/2022)

The right to refuse a medication was added to the client rights in the program and a training was completed with residents regarding the resident right to refuse medication. Moving forward, the client rights will be reviewed annually to ensure it is in compliance with the regulation.

Licensee's Proposed Overall Completion Date: 10/25/2022

202 - Prohibitions

17. Requirements

2600.

202. The following procedures are prohibited:

1. Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited. This does not include the admission of a resident in a secured dementia care unit in accordance with § 2600.231 (relating to admission).
2. Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.
3. Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.
4. A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited. A chemical restraint does not include a drug ordered by a physician or dentist to treat the symptoms of a specific mental, emotional or behavioral condition, or as pretreatment prior to a medical or dental examination or treatment.
5. Mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited. Mechanical restraints include geriatric chairs, handcuffs, anklets, wristlets, camisoles, helmet with fasteners, muffs and mitts with fasteners, poseys, waist straps, head straps, papoose boards, restraining sheets, chest restraints and other types of locked restraints. A mechanical restraint does not include a device used to provide support for the achievement of functional body position or proper balance that has been prescribed by a medical professional as long as the resident can easily remove the device.
6. A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited. A manual restraint does not include prompting, escorting or guiding a resident to assist in the ADLs or IADLs.

Description of Violation

Resident 2 was previously prescribed [REDACTED] The Medication is being kept in the [REDACTED] and expired [REDACTED]. The medication is not listed on the residents Medication Administration Record and is not listed in the [REDACTED] book. The card has notations on it for certain dates of when medication was administered including [REDACTED] the date of this visit. Upon the licensing representatives arrival to the home resident 2 was behaving in a manner [REDACTED]. According to previous documentation, the resident is to be administered [REDACTED] [REDACTED] On [REDACTED] administrator administered this medication to resident 2 to control [REDACTED]. The

202 - Prohibitions (continued)

home does not have a new order from [redacted] this medication and did not verify the resident [redacted]

POC Submission

Accept

The medication [redacted] resident 2 was removed from the medication cart and replaced with a new order from the [redacted] and was listed in resident Medication Administration Record. A medication error was reported and staff was retrained during the monthly staff meeting.

Moving forward, overnight staff will conduct medication cart audits and remove every or any expired medications from the cart to prevent any future errors. The [redacted], the Administrator and [redacted], the program nurse will be notify about the expired medications and it removal from the med cart. Also, the nurse will do Med cart audit once a week to prevent the error that occurred on [redacted]. Medication administration refresher will be carry out in the monthly staff meetings as way to keep staff refresh.

Licensee's Proposed Overall Completion Date: 10/26/2021

Document Submission

Implemented [redacted] - 10/29/2022)

The medication [redacted] for resident 2 was removed from the medication cart and replaced with a new order from the [redacted] and was listed in resident Medication Administration Record. A medication error was reported and staff was retrained during the monthly staff meeting.

Moving forward, overnight staff will conduct medication cart audits and remove every or any expired medications from the cart to prevent any future errors. [redacted], the Administrator and [redacted], the program nurse will be notify about the expired medications and it removal from the med cart. Also, the nurse will do Med cart audit once a week to prevent the error that occurred on 7/7/21. Medication administration refresher will be carry out in the monthly staff meetings as way to keep staff refresh.

Licensee's Proposed Overall Completion Date: 10/25/2022

225c - Additional Assessment

18. Requirements

2600.

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

- 1. Annually.
- 2. If the condition of the resident significantly changes prior to the annual assessment.
- 3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident 2's most recent assessment was completed on [redacted]

POC Submission

Accept

Resident 2's annual assessment was updated on [redacted] and was placed in the PCH book after the inspection. Moving forward, the Program Specialist and Supervisor will review residents' assessment and update the PCH book within the require timeframe.

Licensee's Proposed Overall Completion Date: 07/08/2021

Document Submission

Implemented [redacted] 10/29/2022)

Resident 2's annual assessment was updated on [redacted] and was placed in the PCH book after the inspection.

225c - Additional Assessment (continued)

Moving forward, the Program Specialist and Supervisor will review residents' assessment and update the PCH book within the require timeframe.

Licensee's Proposed Overall Completion Date: 10/25/2022

227g -Support Plan Signatures

19. 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 2 participated in the development of his/her support plan on [REDACTED]. However, the resident did not sign the support plan.

Resident 5 participated in the development of his/her support plan [REDACTED]. However, the resident did not sign the support plan.

POC Submission

Accept

The support plan for resident 2 was signed and the support plan for resident 5 was signed, but their PCH binders were not updated with the information before the inspection. The information was printed and placed in the binders immediately after the inspection. Moving forward, the Program Specialist and Supervisor will review residents support plans and update the PCH book within the require timeframe.

Licensee's Proposed Overall Completion Date: 07/08/2021

Document Submission

Implemented (MJ - 10/29/2022)

The support plan for resident 2 was signed and the support plan for resident 5 was signed, but their PCH binders were not updated with the information before the inspection. The information was printed and placed in the binders immediately after the inspection. Moving forward, the Program Specialist and Supervisor will review residents support plans and update the PCH book within the require timeframe.

Licensee's Proposed Overall Completion Date: 10/25/2022

227h - Support Plan Refuse Sign

20. Requirements

2600.

227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

Description of Violation

Resident 2 participated in the development of his/her support plan on [REDACTED]. The resident did not sign the support plan. The home did not make a notation regarding the resident's refusal to sign.

Resident 5 participated in the development of his/her support plan on [REDACTED]. The resident did not sign the support plan. The home did not make a notation regarding the resident's refusal to sign.

POC Submission

Accept

Resident 2 and resident 5 signed their respective support plans on [REDACTED], but their books were

227h - Support Plan Refuse Sign (continued)

not updated with the information before the inspection. There was not a need to make notations regarding resident refusal to sign.

Moving forward, the Program Specialist and Supervisor will review residents support plans and update the PCH book within the require timeframe.

Licensee's Proposed Overall Completion Date: 07/08/2021

Document Submission**Implemented (MJ - 10/29/2022)**

Resident 2 and resident 5 signed their respective support plans on [REDACTED], but their books were not updated with the information before the inspection. There was not a need to make notations regarding resident refusal to sign.

Moving forward, the Program Specialist and Supervisor will review residents support plans and update the PCH book within the require timeframe.

Licensee's Proposed Overall Completion Date: 10/25/2022

252 - Record Content**21. Requirements**

2600.

252. Content of Resident Records - Each resident's record must include the following information:

1. Name, gender, admission date, birth date and Social Security number.
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
3. A photograph of the resident that is no more than 2 years old.
4. Language or means of communication spoken or used by the resident.
5. The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.
6. The name, address and telephone number of the resident's physician or source of health care.
7. The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms.
8. A list of prescribed medications, OTC medications and CAM.
9. Dietary restrictions.
10. A record of incident reports for the individual resident.
11. A list of allergies.
12. The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies.
13. The preadmission screening, initial intake assessment and the most current version of the annual assessment.
14. A support plan.
15. Applicable court order, if any.
16. The resident's medical insurance information.
17. The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity.
18. An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated.
19. An inventory of the resident's property entrusted to the administrator for safekeeping.
20. The financial records of residents receiving assistance with financial management.
21. The reason for termination of services or transfer of the resident, the date of transfer and the destination.
22. Copies of transfer and discharge summaries from hospitals, if available.
23. If the resident dies in the home, a copy of the official death certificate.

252 - Record Content (continued)

- 24. Signed notification of rights, grievance procedures and applicable consent to treatment protections specified in § 2600.41 (relating to notification of rights and complaint procedures).
- 25. A copy of the resident-home contract.
- 26. A termination notice, if any.

Description of Violation

Resident 2's record does not include an updated photo, the last photo is dated [REDACTED]

Resident 5's record does not include an updated photo, the last photo is [REDACTED]

POC Submission

Accept

An updated photo was added to resident 2 and resident 5's records immediately after the inspection. Moving forward, the supervisor will check resident PCH books and update with most recent information.

Licensee's Proposed Overall Completion Date: 07/08/2021

Document Submission

Implemented [REDACTED] 10/29/2022)

An updated photo was added to resident 2 and resident 5's records immediately after the inspection. Moving forward, the supervisor will check resident PCH books and update with most recent information.

Licensee's Proposed Overall Completion Date: 10/25/2022