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

Facility Information

Name: *HELEN'S PLACE FOR PERSONAL CARE* **License #:** *44687* **License Expiration Date:** *09/23/2021*
Address: *474 STAMBAUGH AVENUE, SHARON, PA 16146*
County: *MERCER* **Region:** *WESTERN*

Administrator

Name: [redacted] **Phone:** [redacted] **Email:** [redacted]

Legal Entity

[redacted]

Certificate(s) of Occupancy

Type: *Other* **Date:** *01/15/2011* **Issued By:** *Office Codes and Zones*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff:** *11* **Waking Staff:** *8*

Inspection

Type: *Partial* **Notice:** *Unannounced* **BHA Docket #:**
Reason: *Renewal* **Exit Conference Date:** *07/16/2021*

Inspection Dates and Department Representative

07/16/2021 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *15* **Residents Served:** *11*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *10* **Are 60 Years of Age or Older:** *9*
Diagnosed with Mental Illness: *10* **Diagnosed with Intellectual Disability:** *1*
Have Mobility Need: *0* **Have Physical Disability:** *1*

Inspections / Reviews

07/16/2021 - Partial

Lead Inspector: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *08/09/2021*

Inspections / Reviews *(continued)*

8/25/2021 - POC Submission

Lead Reviewer: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *08/27/2021*

8/31/2021 - POC Submission

Lead Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *09/15/2021*

9/22/2021 - Document Submission

Lead Reviewer: [redacted] **Follow-Up Type:** *Not Required*

81b - Resident Personal Equipment

1. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

There were half length bed rails on both sides of resident #1's bed that measured 32"W by 19"H. There are multiple uncovered opens on the bedrails that measured 19 inches long by 5 inches wide. There was no physician's order for the use of the bedrails and the bedrails are not addressed in the resident's support plan.

*** Resident does indicate she does not use the bedrails***

Plan of Correction **Accept**

The rails on resident's #1 bed were removed immediately; administrator will not accept beds for clients from insurance companies or any other facility unless a physician's order is recommending the need for a bed with rails. Picture provided.

Completion Date: *07/17/2021*

Document Submission **Implemented**

The rails on resident's #1 bed were removed immediately; administrator will not accept beds for clients from insurance companies or any other facility unless a physician's order is recommending the need for a bed with rails. Picture provided.

87 - Lighting

1. Requirements

2600.

87. Lighting - The home's hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

Description of Violation

On 7/16/21, at approximately 9:15 a.m., the hallway leading from the front entrance down the hallway to the first floor common bathroom and Administrator's office was very dark, making it difficult to see a fan sitting on the hallway floor.

87 - Lighting *(continued)*

Plan of Correction **Directed**

Fan was removed from hallway; doorway is clear of fans which make walking down hallway more difficult. Fans will not be located in any hallway from the point forward.

Violation occurred due to hallway leading from the front entrance down the hallway to the first floor common bathroom and administrator's office was dark, making it difficult to see a fan sitting on the hallway floor.

In an attempt to keep first floor cool an additional fan was placed in the hallway.

The fan was removed upon inspection and will not be placed in the hallway again. Administrator will place the fan in storage and not allow fans in the hallway as the hallway is narrow from this point forward.

Directed Plan of Correction
By 9/15/21 - All staff persons will be educated on regulation 2600.87, that the home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents can safely move through the home and safely evacuate. Documentation of the education shall be kept. [redacted] 8/31/21

At least weekly - A designated staff person will check the home to ensure the home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes are lighted and marked to ensure that residents can safely move through the home and safely evacuate.

Completion Date: *08/27/2021*

Document Submission **Implemented**

By 9/15/21 - All staff persons will be educated on regulation 2600.87, that the home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents can safely move through the home and safely evacuate. Documentation of the education shall be kept. [redacted] 8/31/21
At least weekly - A designated staff person will check the home to ensure the home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes are lighted and marked to ensure that residents can safely move through the home and safely evacuate.

89b - Hot Water Temperature

1. **Requirements**

2600.
89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 7/16/21, at approximately 10:17 a.m., the hot water temperature at the sink in the common bathroom on the first floor measured 122.5 degrees Fahrenheit and at 2:42 p.m., it was 126.5 degrees Fahrenheit.

89b - Hot Water Temperature *(continued)*

Plan of Correction **Accept**

Administrator adjusted the hot water tank to 115 degrees F in an effort to stay in compliance with regulations 89b and from this point forward will go to basement area weekly to make sure temperature is in the regulation's rule of less than 120 degrees F

Completion Date: *07/16/2021*

Document Submission **Implemented**

Administrator adjusted the hot water tank to 115 degrees F in an effort to stay in compliance with regulations 89b and from this point forward will go to basement area weekly to make sure temperature is in the regulation's rule of less than 120 degrees F

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

Resident #1 does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction **Accept**

Administrator was not aware of resident's light in room was in an nonoperational state; administrator went to each resident and reminded the residents that if their lights weren't working properly that administrator or staff should be notified immediately. Resident #1's light was replaced immediately. From this point forward lights will be checked once a week or sooner when rooms are cleaned.

Completion Date: *07/17/2021*

Document Submission **Implemented**

Administrator was not aware of resident's light in room was in an nonoperational state; administrator went to each resident and reminded the residents that if their lights weren't working properly that administrator or staff should be notified immediately. Resident #1's light was replaced immediately. From this point forward lights will be checked once a week or sooner when rooms are cleaned.

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

Staff person A, [redacted] has a cat, Tinkerbell, which is accessible to residents and has a rabies vaccination that has expired on 4/17/17.

109b - Rabies Vaccination *(continued)*

Plan of Correction **Accept**

Administrator from this point forward will keep the cat's vaccination in one place for easy assess to inspector and administrator; administrator has made an appointment for cat to be seen by a new veterinarian as the old veterinarian is no longer in business; Appointment made for the second weekend in September 2021

Completion Date: *09/11/2021*

Document Submission **Implemented**

Administrator from this point forward will keep the cat's vaccination in one place for easy assess to inspector and administrator; administrator has made an appointment for cat to be seen by a new veterinarian as the old veterinarian is no longer in business; Appointment made for the second weekend in September 2021

130h - Inoperable Smoke Detector

1. **Requirements**

2600.
130.h. The home’s emergency procedures shall indicate the procedures that will be immediately implemented until the smoke detector or fire alarms are operable.

Description of Violation

The home's emergency procedures do not indicate what procedures will be implemented when a smoke detector or fire alarm is inoperable.

130h - Inoperable Smoke Detector *(continued)*

Plan of Correction **Accept**

Administrator will ensure that the home's emergency procedure plan will include a plan of action for smoke detector or fire alarm in the case that either is inoperable.
The home's emergency procedures do not indicate what procedures will be implemented when a smoke detector or fire alarm is inoperable.

The violation is due to the home's emergency procedure do not indicate what procedures will be implemented when a smoke detector or fire alarm is inoperable.

The violation happened due to the home's emergency procedure plan did not include specific instructions regarding a smoke detector or fire alarm's in state of interoperability.

The administrator has updated the policy for regulation 130h and has attached to violation report. This procedure was reviewed with staff and will be followed from this point forward.

Completion Date: *08/27/2021*

Document Submission **Implemented**

The administrator has updated the policy for regulation 130h and has attached to violation report. This procedure was reviewed with staff and will be followed from this point forward.

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.

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

Description of Violation

Resident #2s medical evaluation, dated [redacted], did not include the medication regimen, this area was blank.

Plan of Correction **Directed**

The list of medication was included in the evaluation on the date of inspection. Administrator will forward to office.

The violation occurred due to MARs sheet did not indicated refer to attached MARs which included all medication for resident #2.

From this point forward administrator will include "refer to the attached MARs on the medical evaluation sheet and not just attach the MARs sheet to medication evaluation form.

Directed Plan of Correction
By 9/15/21 - The administrator or designee will review all resident medical evaluations to ensure they are timely and include all of the requirements of this regulation, including a medication regimen. Documentation of the review shall be kept. [redacted]8/31/21

By 9/15/21 - The administrator or designee will review all resident medical evaluations to ensure they are timely and include all of the requirements of this regulation, including a medication regimen. Documentation of the review shall be kept. [redacted]8/31/21

Completion Date: *08/27/2021*

Document Submission **Implemented**

By 9/15/21 - The administrator or designee will review all resident medical evaluations to ensure they are timely and include all of the requirements of this regulation, including a medication regimen. Documentation of the review shall be kept. JW 8/31/21
By 9/15/21 - The administrator or designee will review all resident medical evaluations to ensure they are timely and include all of the requirements of this regulation, including a medication regimen. Documentation of the review shall be kept. JW 8/31/21

141b1 - Annual Medical Evaluation

1. **Requirements**

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

Description of Violation

Resident #1's most recent medical evaluation was completed on [redacted]. There is no documentation from the physician that the resident's medical evaluation has been approved to be extended.

141b1 - Annual Medical Evaluation *(continued)*

Plan of Correction **Directed**

Administrator called PCP immediately and was not given an appointment for resident #1. Administrator asked for resident's #1 medical records to go to a new physician, however resident#1 did not agree to change PCP; I have appointment scheduled for 09/2021 or asap with a cancellation of any other patient who misses their appointment. Due to the present health emergencies administrator will talk to PCP one on one and further explain the importance of keeping time frame for the MA51 and DME in the future. (Note: administrator explained this process before).

Due to cvoid, lack of transportation and continued rescheduling issue the medical evaluation was not completed on time.

Administrator has explained to resident #1 that we would have to change [redacted] PCP however, could not get appointment with new PCP until 8/30/21 at 9 a.m. (completed form will be forwarded upon receipt to state).

From this point forward, administrator will try to change PCP for residents if continued rescheduling issues occur, as there is no other choice.

Directed Plan of Correction
By 9/30/21 - The administrator shall have a new medical evaluation completed by a physician, physician's assistant or certified registered nurse practitioner for resident #1.

Completion Date: *08/30/2021*

Document Submission **Implemented**

By 9/30/21 - The administrator shall have a new medical evaluation completed by a physician, physician's assistant or certified registered nurse practitioner for resident #1.

183e - Storing Medications

1. **Requirements**

2600.
183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Resident #2 is prescribed, [redacted], 14 units daily in the AM. On 7/16/21, the used [redacted] pen was not dated to the first used date. According to the manufacturer's instructions, [redacted] should be discarded after 28 days following first use.

Resident #3 is prescribed, [redacted], 40 units twice daily. On 7/16/21, the used [redacted] in the medication cart was not dated to the first used date and was partially frozen. Resident #3 also had 3 unused partially frozen Humalog kwikpens in the home's refrigerator. According to the manufacturer's instructions, [redacted] should be discarded after 28 days following first use, and not to be frozen and don't use if it has been frozen.

183e - Storing Medications *(continued)*

Plan of Correction **Accept**

Administrator has held staff meeting and explained to staff that insulin pens are to be dated and kept in med drawer if pen is active; if pen is stored, pen is stored in refrigerator; in addition to refrigerator being check to be in a non freeze position; all insulin pens will be checked weekly in an effort to assure home does not have a bad patch of insulin. Frozen insulin was thrown out day of inspection and replaced with new insulin on the day of inspection

Completion Date: *07/31/2021*

Document Submission **Implemented**

Administrator has held staff meeting and explained to staff that insulin pens are to be dated and kept in med drawer if pen is active; if pen is stored, pen is stored in refrigerator; in addition to refrigerator being check to be in a non freeze position; all insulin pens will be checked weekly in an effort to assure home does not have a bad patch of insulin. Frozen insulin was thrown out day of inspection and replaced with new insulin on the day of inspection

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

The home did not have documentation of procedures for the safe storage, access, security, distribution, and use of medications and medical equipment by trained staff persons.

Plan of Correction **Directed**

Staff was retrained on safe storage, access, security, distribution, and use of medication and medical equipment, on 7/19/21. From this point forward a separate sheet of staff training to meet the requirement of regulation 185a.

The violation occurred due to the home receiving a bad batch of insulin that froze in refrigerator and staff did not catch in a timely fashion.
Staff was retrained on safe storage, access, security, distribution, and use of medication and medical equipment, on 7/19/21. From this point forward a separate sheet of staff training to meet the requirement of regulation 185a.

In the future administrator will review insult pens on a nightly basic in addition to checking refrigerator temps

Directed Plan of Correction
By 9/15/21 - The administrator or designee shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons which include all of the requirements found in 2600.185b.

JW 8/31/21

Completion Date: *07/16/2021*

185a - Implement Storage Procedures *(continued)*

Document Submission **Implemented**

By 9/15/21 - The administrator or designee shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons which include all of the requirements found in 2600.185b.

187b - Date/Time of Medication Admin.

1. **Requirements**

2600.
187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #4 is prescribed multiple medications including, [redacted] daily at 8:00 a.m. and [redacted], 1 tab at bedtime. On 7/13/21, resident #4 was not in the facility for any medication administrations; however, staff signed the medication administration record (MAR) on 7/13/21, at 8:00 a.m. and 8:00 p.m. as administered.

Plan of Correction **Accept**

Administrator reviewed med are for resident #4 and explained that staff must not merely sign for a medication but complete the five rights of administrating medication. The training regarding regulation 187b was reviewed. Staff seemed to understand this error was a result of rushing threw medication allocation.

The violation occurred due to with resident #4 due to [redacted] in and out process between home and her boyfriend's home, staff became confused as to what day [redacted] was at PCP and what day [redacted] wasn't in home (note: resident #4 is no longer in home gave 30 day notice making 07 31 2021 [redacted] last day with PCH).

In the future administrator will once again check and re check MARs sheets as it relates to all resident especially the residents who are out of PCP on a regular basis with more documentation as to when the residents are out of PCP to correlate with MARs to have a cross check to ensure what actual days residents were in the home (refer to attached sheet).

Completion Date: *09/01/2021*

Document Submission **Implemented**

In the future administrator will once again check and re check MARs sheets as it relates to all resident especially the residents who are out of PCP on a regular basis with more documentation as to when the residents are out of PCP to correlate with MARs to have a cross check to ensure what actual days residents were in the home (refer to attached sheet).

187c - Refusal of Medication

1. **Requirements**

2600.

187c - Refusal of Medication *(continued)*

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

Resident #4 has been out of the facility for multiple days without taking his/her medications, including 7/13/21. The home did not notified the prescriber of the resident not taking his/her medications.

Plan of Correction **Accept**

The administrator will keep a record of calling the PCP regarding missed allocation immediately which was actually completed via voice mail however was not documented. From this point on administrator will keep [redacted] own record of messages left with PCP in compliance of regulation 187c

The violation occured due to rights to revise medication was not in the resident's book in the proper section of book as a result the document was missed

The administrator and staff went through resident's books and placed documents in the proper section of the book. (Refer to documents regarding regulation 187c for residents #2 and 4).

Completion Date: *07/17/2021*

Document Submission **Implemented**

The administrator will keep a record of calling the PCP regarding missed allocation immediately which was actually completed via voice mail however was not documented. From this point on administrator will keep [redacted] own record of messages left with PCP in compliance of regulation 187c
The violation occurred due to rights to revise medication was not in the resident's book in the proper section of book as a result the document was missed
The administrator and staff went through resident's books and placed documents in the proper section of the book. (Refer to documents regarding regulation 187c for residents #2 and 4).

191 - Resident Right to Refuse

1. 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 on [redacted] and resident #4, admitted on [redacted] have no documentation that they were educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Plan of Correction **Accept**

Both residents had their right to refuse medication in their files, however, information was in wrong section of book. From this point forward on the weekend each resident book will be check for accuracy regarding information placed in book by staff and administrator.

Completion Date: *07/31/2021*

191 - Resident Right to Refuse *(continued)*

Document Submission **Implemented**

Both residents had their right to refuse medication in their files, however, information was in wrong section of book. From this point forward on the weekend each resident book will be check for accuracy regarding information placed in book by staff and administrator.

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 #2's initial assessment, dated [redacted] does not include the resident's history of suicide attempts as indicated in the preadmission screening, dated [redacted].

Resident #4's initial assessment, dated [redacted], does not include the resident's history of suicide attempts as indicated in the preadmission screening, dated [redacted].

Plan of Correction **Directed**

The administrator will document on initial assessment plan of action for suicide attempts that will involve more of an explanation than following PCP directives. Administrator will list a plan of action for suicide attempts that PCP has on file.

The violation occurred due to administrator not including the suicide plan of action in the RASP.

From this point forward administrator will include more than follow PCP's directive regarding the suicide issue. Administrator's has a telecon request in with resident #2 PCP to discuss plan of action on behave of PCH in an order to on same page with PCP, documentation is forward coming.

Directed Plan of Correction
By 9/15/21 - The administrator or designee shall update resident #2's assessment with the missing information. Resident #4 no longer lives in the home.

By 9/15/21 - The administrator or designee shall review all resident assessments to ensure they are timely, accurate and include all behavioral and care needs, including a history of suicide attempts. Documentation of the review shall be kept. JW 8/31/21

Completion Date: *09/17/2021*

225a - Assessment 15 Days *(continued)*

Document Submission **Implemented**

Directed Plan of Correction

By 9/15/21 - The administrator or designee shall update resident #2's assessment with the missing information. Resident #4 no longer lives in the home.

By 9/15/21 - The administrator or designee shall review all resident assessments to ensure they are timely, accurate and include all behavioral and care needs, including a history of suicide attempts. Documentation of the review shall be kept.

225c - Additional Assessment

1. **Requirements**

2600.

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

1. Annually.

Description of Violation

Resident 1's most recent assessment was completed on 2/26/2020.

225c - Additional Assessment *(continued)*

Plan of Correction **Directed**

Resident #1 will have a new assessment completed once PCP appointment is kept; Administrator will complete immediately after MA51 and DME is completed by PCP of resident's choice. ASAP

The violation occurred due to numerous reschedules due to covid, transportation and resident's inability to attend appointment on rescheduled date.
Administrator called PCP immediately and was not given an appointment for resident #1. Administrator asked for resident's #1 medical records to go to a new physician, however resident#1 did not agree to change PCP; I have appointment scheduled for 09/2021 or asap with a cancellation of any other patient who misses their appointment. Due to the present health emergencies administrator will talk to PCP one on one and further explain the importance of keeping time frame for the MA51 and DME in the future. (Note: administrator explained this process before).

Due to cvoid, lack of transportation and continued rescheduling issue the medical evaluation was not completed on time.
Administrator has explained to resident #1 that we would have to change her PCP however, could not get appointment with new PCP until 8/30/21 at 9 a.m. (completed form will be forwarded upon receipt to state).
From this point forward, administrator will try to change PCP for residents if continued rescheduling issues occur, as there is no other choice.

Directed Plan of Correction
By 9/15/21 - The administrator or designee shall develop a new assessment for resident #1 which shall be updated with any new information or needs identified through the new medical evaluation.

By 9/15/21 - The administrator or designee shall review all resident assessments to ensure they are timely, accurate and include all behavioral and care needs, including a history of suicide attempts. Documentation of the review shall be kept. [redacted] *8/31/21*

Completion Date: *08/27/2021*

Document Submission **Implemented**

By 9/15/21 - The administrator or designee shall develop a new assessment for resident #1 which shall be updated with any new information or needs identified through the new medical evaluation.
By 9/15/21 - The administrator or designee shall review all resident assessments to ensure they are timely, accurate and include all behavioral and care needs, including a history of suicide attempts. Documentation of the review shall be kept.

227d - Support Plan Medical/Dental

1. Requirements

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

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 #1's most recent support plan was completed on [redacted]

Plan of Correction **Directed**

Administrator will ensure that PCP completes MA51 and DME to empower administrator to complete an up to date support plan.

Administrator called PCP immediately and was not given an appointment for resident #1. Administrator asked for resident's #1 medical records to go to a new physician, however resident#1 did not agree to change PCP; I have appointment scheduled for 09/2021 or asap with a cancellation of any other patient who misses their appointment. Due to the present health emergencies administrator will talk to PCP one on one and further explain the importance of keeping time frame for the MA51 and DME in the future. (Note: administrator explained this process before). Due to cvoid, lack of transportation and continued rescheduling issue the medical evaluation was not completed on time.
Administrator has explained to resident #1 that we would have to change [redacted] *PCP however, could not get appointment with new PCP until 8/30/21 at 9 a.m. (completed form will be forwarded upon receipt to state).*
From this point forward, administrator will try to change PCP for residents if continued rescheduling issues occur, as there is no other choice.

By 9/15/21 - The administrator or designee shall develop a new support plan for resident #1 which shall be updated with any new information or needs identified through the new medical evaluation.

By 9/15/21 - The administrator or designee shall review all resident support plans to ensure they are timely, accurate and include all behavioral and care needs, including a history of suicide attempts. Documentation of the review shall be kept. [redacted] *8/31/21*

Completion Date: *08/27/2021*

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

Document Submission	Implemented

By 9/15/21 - The administrator or designee shall develop a new support plan for resident #1 which shall be updated with any new information or needs identified through the new medical evaluation.

By 9/15/21 - The administrator or designee shall review all resident support plans to ensure they are timely, accurate and include all behavioral and care needs, including a history of suicide attempts. Documentation of the review shall be kept.