pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **ABODE CARE OF MONROEVILLE LLC**
LEGAL ENTITY

To operate **ABODE CARE OF MONROEVILLE**
NAME OF FACILITY OR AGENCY

Located at **2560 STROSCHEIN ROAD, MONROEVILLE, PA 15146**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

To provide **Personal Care Homes**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **66**
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions:

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **August 13, 2021** until **August 13, 2022**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **451190**

ISSUING OFFICER

Jamie L. Buchenauer
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628 – 01/21

pennsylvania
DEPARTMENT OF HUMAN SERVICES

Emailing Date: August 13, 2021

[redacted]
Legal Entity Representative
Abode Care of Monroeville, LLC
2560 Stroschein Road
Monroeville, PA 15146

RE: Abode Care of Monroeville
2560 Stroschein Road
Monroeville, PA, 15146
License #: 451190

Dear [redacted]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on May 20, 2021 and July 16, 2021, and the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

Jamie L. Buchenauer

Jamie Buchenauer
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

Facility Information

Name: *ABODE CARE OF MONROEVILLE* **License #:** *45119* **License Expiration Date:** *09/05/2021*
Address: *2560 STROSCHEIN ROAD, MONROEVILLE, PA 15146*
County: *ALLEGHENY* **Region:** *WESTERN*

Administrator

Name: [redacted] **Phone:** *412-856-1588* **Email:** [redacted]

Legal Entity

Name: *ABODE CARE OF MONROEVILLE LLC*
Address: *2560 STROSCHEIN ROAD, MONROEVILLE, PA, 15146*
Phone: [redacted] **Email:** [redacted]

Certificate(s) of Occupancy

Type: *I-2* **Date:** *06/04/2012* **Issued By:** *Municipality of Monroeville*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff:** *39* **Waking Staff:** *29*

Inspection

Type: *Full* **Notice:** *Unannounced* **BHA Docket #:**
Reason: *Provisional* **Exit Conference Date:** *05/20/2021*

Inspection Dates and Department Representative

05/20/2021 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *66* **Residents Served:** *27*

Secured Dementia Care Unit

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

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older:** *27*
Diagnosed with Mental Illness: *1* **Diagnosed with Intellectual Disability:** *0*
Have Mobility Need: *12* **Have Physical Disability:** *1*

Inspections / Reviews

05/20/2021 - Full

Lead Inspector: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *06/05/2021*

Inspections / Reviews *(continued)*

6/7/2021 - POC Submission

Lead Reviewer: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *06/11/2021*

6/14/2021 - POC Submission

Lead Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *06/21/2021*

8/4/2021 - Document Submission

Lead Reviewer: [redacted] **Follow-Up Type:** **Follow-Up Date:**

18 - Compliance With Laws

1. 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

Per the Order of the Secretary of the Pennsylvania Department of Health Requiring Universal Face Coverings, updated November 18, 2020, states that, except as provided in Section 3, every individual, age two and older, in the Commonwealth of Pennsylvania shall wear a face covering when indoors or in an enclosed space, where another person or persons who are not members of the individual's household are present in the same space, irrespective of physical distance.

Upon entering the home at approximately 9:00am, numerous staff persons, including staff person A, [redacted], were observed without wearing face coverings.

No influenza poster was posted in the home in a public place in accordance with the Influenza Awareness Act, enacted 11/21/16, which requires an influenza poster to be posted in a public place year-round.

Plan of Correction **Do Not Accept**

1. Masks were immediately put on upon arrival. influenza poster was posted in common Livingroom bulletin board during inspection, Please see attachment A

2. All staff were re-educated on the importance of wearing masks regardless of vaccinations. Please see attachment B. Administrator will continue to monitor guidelines to stay compliant. Monthly walk throughs are in place to clarify poster is hanging on board. Please see attachment I and I1

3. Administrator will continue to inform staff of new guidelines on wearing masks. Administrator and Maintenance Director will conduct monthly building walk throughs to make certain we are complaint. See attachment I and I1

Completion Date: *06/03/2021*

Plan of Correction **Accept**

1. Masks were immediately put on upon arrival. influenza poster was posted in common Livingroom bulletin board during inspection, Please see attachment A

2. All staff were re-educated 5/26/2021 on the importance of wearing masks regardless of vaccinations. Please see attachment B. Administrator will continue to monitor guidelines daily. Monthly employee meetings with be done by Administrator and DRC to discuss new guidelines and mask wearing. Monthly walk through checklist has been created to clarify poster is hanging on board. Please see attachment I and I1

3. Administrator and DRC will continue to inform staff of new guidelines and mask wearing through monthly meetings. Administrator and Maintenance Director will conduct a monthly building walk through using created checklist. Refer to attachment I and I1

Completion Date: *06/09/2021*

18 - Compliance With Laws *(continued)*

Document Submission **Implemented**

COMPLETED 6/9/2021

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

The Care Facility Carbon Monoxide Alarms Standards Act, enacted 6/23/16, requires carbon monoxide alarms to be installed in close proximity of, but not less than 15 feet from, any fossil-fuel burning device or appliance. No carbon monoxide detectors were present near the home's gas furnace located next to the common living and dining rooms.

REPEAT VIOLATION: 10/26/2020

Plan of Correction **Do Not Accept**

1. Carbon monoxide detector was installed. Please see attachment C.

2. Additional detectors and batteries were purchased for immediate exchange to ensure monitoring is consistent

3. Administrator and Maintenance Director will check carbon monoxide detectors monthly to guarantee they're working and in good condition. Please see attachment I and I1

Completion Date: *06/03/2021*

18 - Compliance With Laws *(continued)*

Plan of Correction **Accept**

1. Carbon monoxide detector was installed on 5/20/2021. Please see attachment C.

2. Additional detectors and batteries were purchased on 5/22/2021 for immediate exchange to ensure that are no gaps in monitoring. All new and existing detectors give off a beeping sound when the battery is low. All staff were educated on 5/28/2021 to monitor for sounds and shown how to replace the batteries as well as the detectors as needed. A new form was created to monitor all carbon monoxide detectors which is located in the maintenance binder, please see attachment T. All staff members were instructed to sign the date, detector number, mark an X on either battery or detector change and initial to verify completion. All staff members are aware of new form and location of detectors, batteries.

3. Administrator and maintenance director will conduct monthly building checks using created form refer to attachment I and I1. Maintenance Director will check carbon monoxide form daily, Administrator will check form weekly. All staff will continue to monitor carbon monoxide detectors daily. Administrator will educate new staff members during orientation training on carbon monoxide detectors.

Completion Date: *06/09/2021*

Document Submission **Implemented**

COMPLETED 6/9/2021

25a - Written Contract and Review

1. Requirements

2600.

25.a. Prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.

Description of Violation

The home went through a legal entity change, effective 6/1/20. On 6/15/20, residents received a letter indicating the terms of previous resident-home contracts under the old legal entity would be honored and that the home "...will be speaking with each of you before July 15th to have new contracts signed with Adobe Care of Monroeville, LLC". However, a new resident-home contract was not completed for resident #1, who was admitted on [redacted].

No resident-home contract is present for resident #2, who was admitted on [redacted]

25a - Written Contract and Review *(continued)*

Plan of Correction **Do Not Accept**

1. Resident #2 and responsible parties signed a new contract under Abode Care Of Monroeville. Please see attachment D.

2. Administrator audited all previous entities residents to make sure everyone had a new contract under Abode Care of Monroeville.

3. Administrator and designee will audit all resident files annually to ensure all proper signatures are present on all contracts

Completion Date: *06/03/2021*

Plan of Correction **Accept**

Resident #1 signed a new contract on 6/3/2021 under Abode Care of Monroeville. Please see attachment D. Resident #2 signed a new contract under Abode Care of Monroeville on 6/4/2021. Please see attachment U.

2. Resident checklist has been created Please see attachment V. Administrator checked all resident files that resided under old entity to make sure they have a completed contract under Abode Care of Monroeville on 5/27/2021. All previous entity paperwork has been removed, filed away and replaced with Abode Care of Monroeville paperwork. Administrator checked all current resident files using new checklist to ensure each resident has a completed contract. Administrator will check all new residents files on day of Admission and will check all resident files annually.

3. Administrator or designee will use checklist for each new resident upon admission. Administrator or designee will audit all resident files annually.

Completion Date: *06/09/2021*

Document Submission **Implemented**

COMPLETED 6/9/2021

51 - Criminal Background Check

1. **Requirements**
   2600.

51 - Criminal Background Check *(continued)*

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

Staff member B was hired on [redacted]; however, [redacted] Pennsylvania criminal background check was not completed until 2/8/21.

Plan of Correction **Do Not Accept**

1. Administrator was re-educated on OAPSA regarding criminal history checks.

2. Administrator checked all current employee files to clarify dates were within guidelines

3. Administrator and designee will guarantee all new hire criminal background checks are done within a timely manner according to policy

Completion Date: *06/03/2021*

Plan of Correction **Accept**

1. Administrator was re-educated on OAPSA and Chapter 15 on 5/21/2021. Please see attachment X.

2. Employee file checklist has been created. Please see attachment Y. Administrator checked all current employee files using created checklist on 5/25/2021 to clarify all employee files were completed and criminal background checks were done within 30 days of employment. Administrator spoke to all department managers on 5/28/2021 notifying them any new employee hire must complete their employee paperwork at least three days before their start date. Administrator will submit new employee's information using https://epatch.state.pa.us on the date their new hire paperwork is completed. (https://epatch.state.pa.us)

3. Administrator will complete the employee file paperwork checklist and sign the date when criminal background check has been completed. Administrator will check all employee files annually to ensure all necessary paperwork is in their files.

Completion Date: *06/09/2021*

Document Submission **Implemented**

COMPLETED 6/9/2021

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.

81b - Resident Personal Equipment *(continued)*

Description of Violation

No covers are present on resident #3's two half-rail bed enablers, posing a possible entrapment hazard. Also, the left half-rail bed enabler is loose and not secured to the the resident's bed/frame.

Plan of Correction **Accept**

1. Bedrail covers were placed on resident #3's bed. Please see attachment E. Left half rail was repaired on 5/20/2021 please see attachment F.

2. DCS were re-educated on the importance of bedrails on resident's bed and the risks they bring and why covers need to be attached. Please refer to attachment B. DCS has been instructed to continue to monitor bed rails and covers and to make sure they are on and rails are secure. Notify DRC, Maintenance Director or Administrator of any hazards immediately. Monthly resident room checklist has been created to check all handrails and covers monthly. Please see attachment G and G1.

3. Maintenance Director and Administrator will check all residents half rails monthly to ensure covers are on properly for the safety of each resident. Refer to attachment G and G1. DCS to check rails daily, notify supervisor and complete a maintenance request of any repairs needed.

Completion Date: *06/03/2021*

Document Submission **Implemented**

COMPLETED 6/3/2021

85a - Sanitary Conditions

1. **Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

At 10:50am, a urinal, which was approximately 1/6th full with urine, was hanging on resident #3's half-rail bed enabler. At 3:00pm, the urinal was still present.

Plan of Correction **Accept**

1. Urinal was emptied and cleaned on 5/20/2021

2. DCS were re-educated on sanitary conditions on all residents, refer to attachment B. Resident #3 was instructed to use [redacted] call button after each use to notify DCS to empty and clean urinal promptly.

3. During hourly incontinence checks DCS, Administrator, and DRC will check urinal to make sure it is empty and clean and document on resident's ADL form daily

Completion Date: *06/03/2021*

85a - Sanitary Conditions *(continued)*

Document Submission **Implemented**

COMPLETED 6/3/2021

88a - Surfaces

1. 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

Resident #4's bathroom door is missing its door handle.

Plan of Correction **Accept**

1. Bathroom handle was put on immediately after sighting. Please see attachment Q

2. Monthly resident room checks have been created to check all resident rooms to ensure they are free from hazard and in good repair. Please see attachment G.

3. Maintenance Director and Administrator will conduct monthly room checks. Refer to G1

Completion Date: *06/03/2021*

Document Submission **Implemented**

COMPLETED 6/3/2021

90b - Staff Communication

1. Requirements

2600.

90.b. For a home serving 9 or more residents, there shall be a system or method of communication that enables staff persons to immediately contact other staff persons in the home for assistance in an emergency.

Description of Violation

The home does not use a system of communication that enables staff persons to immediately contact other staff persons in the home for assistance in an emergency. On 5/20/21, the home served 26 residents.

Plan of Correction **Accept**

1. Walkie Talkies were purchased Please see attachment H.

2. Sign in/out sheet has be created to verify each staff person has signed out their walkie for the day and signed in their walkie on the charger. 3 additional walkies have been ordered to ensure all walkies are charged for each [redacted] *and staff person. Please see attachment R and R1*

3. Administrator or designee will check sign in/sign out sheet daily to ensure all walkies are present in the home, they are charged and in good working condition.

Completion Date: *06/03/2021*

90b - Staff Communication *(continued)*

Document Submission **Implemented**

COMPLETED 6/3/2021

91 - Telephone Numbers

1. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers, to include the nearest hospital and fire department, on or near the following telephones:

- *The black telephone on the wall in hallway A*
- *The black telephone on the wall in hallway C*

Plan of Correction **Accept**

1. Emergency numbers were placed on all hallway phones immediately after sighting. Please see attachment S

2. Monthly checklist created to verify that emergency numbers are placed on hallway phones. Please see attachment I and I1

3. Administrator and Maintenance Director will check phones monthly to confirm numbers are posted. Please see attachment I and I1

Completion Date: *06/03/2021*

Document Submission **Implemented**

COMPLETED 6/3/2021

93b - Railings

1. Requirements

2600.

93.b. Each porch must have a well-secured railing.

Description of Violation

The porch railing on the wooden fire escape ramp outside the hallway C emergency exit is detached approximately 2" from the wall and is not secured to the wall. Also, approximately 40 of the railing spindles are not securely attached at the bottom of the deck.

93b - Railings *(continued)*

Plan of Correction **Do Not Accept**

1. porch railing and spindles have been fixed and is now secure. Please see attachments J and K

2. During monthly building walk-thru all decks will be inspected for safety. Refer to attachment I and I1

3. Administrator and Maintenance Director will inspect and verify all railings and spindles are secured. Refer to attachment I and I1

Completion Date: *06/03/2021*

Plan of Correction **Accept**

1. All new deck boards, posts, screws, braces, straps and anchors were purchased on 5/23/2021. Railing was repaired using 3 inch deck screws and anchors attached to building. All spindles are attached to new deck boards using 2 inch deck screws. both repaired on 5/25/2021. Please see attachments J and K

2. A monthly physical site checklist has been created to check all railings and spindles on all decks throughout the building once a month to ensure safety. Please see attachment I and I1. Target date for walk-thru is the first week of each month. Administrator and Maintenance Director will conduct a walk-thru and take notes of any potential hazards. Maintenance Director will repair any deck boards that become a tripping hazard within 24 hours from date of inspection.

3. Administrator and Maintenance director will inspect all deck boards, spindles and railings monthly. Any repairs to deck will be done by Maintenance Director within 24 hours and recorded. Administrator will verify repairs are complete once job is done to clarify and ensure safety.

Completion Date: *06/09/2021*

93b - Railings *(continued)*

Document Submission **Implemented**

COMPLETED 6/9/2021

100a - Exterior - Free of Hazards

1. **Requirements**

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

One of the deck boards on the wooden fire escape ramp outside the hallway C emergency exit is raised approximately 2", posing a tripping hazard.

Plan of Correction **Do Not Accept**

1. All new deck boards were purchased and replaced. Please see attachment L and L1

2. During monthly building walk-thru all decks will be inspected for safety. Refer to attachment I and I1

3. Administrator and Maintenance director will inspect all decks are in good repair. Refer to attachment I and I1

Completion Date: *06/03/2021*

Plan of Correction **Accept**

1. All new deck boards, posts, screws, braces, straps and anchors were purchased on 5/23/2021. All old deck boards were removed and replaced with new deck boards on 5/25/2021. Please see attachment L and L1

2. A monthly physical site checklist has been created to check all decks throughout the building once a month to ensure safety. Please see attachment I and I1. Target date for walk-thru is the first week of each month. Administrator and Maintenance Director will conduct a walk-thru and take notes of any potential hazards. Maintenance Director will repair any deck boards that become a tripping hazard within 24 hours from date of inspection.

3. Administrator and Maintenance director will inspect all deck boards monthly. Any repairs to deck will be done by Maintenance Director within 24 hours and recorded. Administrator will verify repairs are complete once job is done to clarify and ensure safety.

Completion Date: *06/09/2021*

Document Submission **Implemented**

COMPLETED 6/9/2021

103f - Refrigerator/Freezer Temps

1. **Requirements**

2600.

103f - Refrigerator/Freezer Temps *(continued)*

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

At 9:50am, no thermometer was present in the small white chest freezer in the food storage room, which was filled with a variety of frozen foods.

Plan of Correction **Accept**

1. Thermometer was placed in freezer immediately during inspection.

2. Dietary employees were re- educated that thermometers cannot be removed at any time. Refer to attachment B Checklist in place to verify all thermometer's are in all freezers weekly following food deliveries. Please see attachment P and P1

3. Administrator and Dietary manager will check list weekly to verify checklist is being used. Please see attachment P and P1

Completion Date: *06/03/2021*

Document Submission **Implemented**

COMPLETED 6/3/2021

109a - Pets

1. Requirements

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

Description of Violation

The home rules indicate, "Residents are not permitted to house pets of any kind in the building. Visitors may bring pets for visits provided they are controlled, sanitary and vaccinated". However, a dog belonging to residents #5 and #6 lives in the home.

Plan of Correction **Do Not Accept**

1. Contract has been updated. Please see attachment M

2. Letters were sent to each family informing them of the change in contract, Please see attachment N.

3. Before any change in policies Administrator will notify all parties 30 days in advance before making any changes

Completion Date: *06/03/2021*

109a - Pets *(continued)*

Plan of Correction **Directed**

1. Home rules regarding pets was updated on 5/20/2021. A letter informing new change to home rules was created and sent to all families on 5/21/2021. Please see attachment N

DIRECTED: Within 7 days of receipt of the plan of correction: A designated staff person shall ensure all current residents receive a copy of the updated home rules with a 30-day advance notice. A signed copy of the updated home rules shall be obtained from each resident and placed with their current resident-home contract. LM 6/14/21

DIRECTED: Within 7 days of receipt of the plan of correction: A designated staff person shall ensure the updated home rules are now part of the resident-home contract for all future admissions. LM 6/14/21

2. Policies and Procedures, home rules, and resident contracts will be reviewed quarterly to ensure compliance. Any new changes to these documents, Administrator will send a letter to all families indicating the change 30 days in advance of modification.

3. Administrator will review all documents quarterly. Administrator will send letters families 30 days in advance to any modifications.

Completion Date: *06/09/2021*

Document Submission **Implemented**

All Abode Care of Monroeville residents received a copy of the home rules update on 6/14/2021. All residents have signed updated home rules on 6/14/2021. Administrator spoke with all residents explaining the new update. Please see attachment Z with supporting evidence.

Administrator updated resident-home contract on 5/20/2021. Administrator placed signed home rules document in each resident file on 6/14/2021.

Administrator will review documents quarterly. Administrator will notify both residents and responsible parties 30 days in advance to any modifications.

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 a conspicuous and public place was dated 5/16/21 through 5/22/21.

162c - Menus Posted *(continued)*

Plan of Correction **Accept**

1. Menus have been posted. Please see attachment O.

2. Dietary Manager has been instructed to post menus every other Wednesday to guarantee there is always two weeks of menu's posted

3. Administrator will check board weekly to confirm menus are posted

Completion Date: *06/03/2021*

Document Submission **Implemented**

COMPLETED 6/3/2021

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

Facility Information

Name: *ABODE CARE OF MONROEVILLE* **License #:** *45119* **License Expiration Date:** *09/05/2021*
Address: *2560 STROSCHEIN ROAD, MONROEVILLE, PA 15146*
County: *ALLEGHENY* **Region:** *WESTERN*

Administrator

Name: [redacted] **Phone:** *412-856-1588* **Email:** [redacted]

Legal Entity

Name: *ABODE CARE OF MONROEVILLE LLC*
Address: *2560 STROSCHEIN ROAD, MONROEVILLE, PA, 15146*
Phone: [redacted] **Email:** [redacted]

Certificate(s) of Occupancy

Type: *I-2* **Date:** *06/04/2012* **Issued By:** *Municipality of Monroeville*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff:** *47* **Waking Staff:** *35*

Inspection

Type: *Partial* **Notice:** *Unannounced* **BHA Docket #:**
Reason: *Monitoring* **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: *66* **Residents Served:** *33*

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:** *33*
Diagnosed with Mental Illness: *1* **Diagnosed with Intellectual Disability:** *0*
Have Mobility Need: *14* **Have Physical Disability:** *1*

Inspections / Reviews

07/16/2021 - Partial

Lead Inspector: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *07/30/2021*

Inspections / Reviews *(continued)*

7/30/2021 - POC Submission

Lead Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *08/05/2021*

8/4/2021 - Document Submission

Lead Reviewer: [redacted] **Follow-Up Type:** **Follow-Up Date:**

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.

Description of Violation

From 9:01am to 9:10am, numerous empty medication cards, which contained the pharmacy labels, to include resident #1's Amlodipine-10mg and resident #2's Morphine Sulfate-30mg 30mg, were unlocked, unattended and accessible on top of the medication cart in the A hallway.

Plan of Correction **Accept**

1. Medications were removed and stored in the cart at 9:15am by DRC.

2.All Medication techs were re-educated on 7/22/2021, Please see attachment A. Explaining HIPPA and making sure all medications are stored in the medication cart , locked and only accessible to the above mentioned people. During each medication pass DRC, ADRC. or shift supervisor will monitor medication technicians and carts to ensure nothing is on top of the medication cart during and after each medication pass.

3. DRC, ADRC, Shift supervisor or Administrator will monitor medication techs and carts during each medication pass to ensure compliance.

Completion Date: *07/29/2021*

Document Submission **Implemented**

completed 7/29/2021

[redacted]

Violation Withdrawn LM 8/6/21

[redacted]

Violation Withdrawn LM 8/6/21

Completion Date: *07/29/2021*

[redacted]

Violation Withdrawn LM 8/6/21

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

From 9:01am to 9:10am, resident #3's bottle of Fluticasone Propionate-50mcg was unlocked, unattended and accessible on top of the medication cart in the A hallway.

Plan of Correction **Accept**

1. Medications were removed and stored in the cart at 9:15am by DRC.

2.All Medication techs were re-educated on 7/22/2021 on making sure all medications are stored in the medication cart , locked and only accessible to the above mentioned people. During each medication pass DRC, ADRC. or shift supervisor will monitor medication technicians and carts to ensure nothing is on top of the medication cart during and after each medication pass. Please see attachment A.

3. DRC, ADRC, Shift supervisor or Administrator will monitor medication techs and carts during each medication pass to ensure compliance.

Completion Date: *07/29/2021*

183b - Meds and Syringes Locked *(continued)*

Document Submission	Implemented
completed 7/31/2021	