

Department of Human Services  
Bureau of Human Service Licensing

November 1, 2021

[REDACTED], VP OF QUALITY & RESIDENT CARE  
LCB CHADDS FORD LLC  
3 EDGEWATER DRIVE, SUITE 101  
NORWOOD, MA 2062

RE: THE RESIDENCE AT CHADDS FORD  
1778 WILMINGTON PIKE  
GLEN MILLS, PA, 19342  
LICENSE/CO# : 14536

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 08/31/2021, 09/09/2021, 09/10/2021, 09/14/2021, 09/15/2021 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

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

Sincerely,

[REDACTED]

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

**Facility Information**

Name: *THE RESIDENCE AT CHADDS FORD* License #: *14536* License Expiration Date: *12/06/2022*  
Address: *1778 WILMINGTON PIKE, GLEN MILLS, PA 19342*  
County: *DELAWARE* Region: *SOUTHEAST*

**Administrator**

Name: [REDACTED] Phone: *6102223333* Email: [REDACTED]

**Legal Entity**

Name: *LCB CHADDS FORD LLC*  
Address: *3 EDGEWATER DRIVE, SUITE 101, NORWOOD, MA, 2062*  
Phone: *6102223333* Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *I-1* Date: *10/08/2019* Issued By: *Chadds Ford Township*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *76* Waking Staff: *57*

**Inspection**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal,Incident* Exit Conference Date: *09/14/2021*

**Inspection Dates and Department Representative**

08/31/2021 - On-Site: [REDACTED]  
09/09/2021 - On-Site: [REDACTED]  
09/10/2021 - On-Site: [REDACTED]  
09/14/2021 - On-Site: [REDACTED]  
09/15/2021 - Off-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *108* Residents Served: *50*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *Reflections* Capacity: *24* Residents Served: *13*

**Hospice**

Current Residents: *0/2*

**Resident Demographic Data as of Inspection Dates (*continued*)**

## Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 46

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 26

Have Physical Disability: 0

**Inspections / Reviews**

## 08/31/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *10/19/2021*

## 10/19/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *10/22/2021*

## 11/1/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *12/02/2021*

## 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

Resident #1 was admitted to the home on [REDACTED]. The resident initially moved into the secured unit, moved to personal care and then back to the secured unit. The latest contract, dated [REDACTED] was not reviewed by the administrator and designee until [REDACTED]. The resident did not review this same contract until [REDACTED].

## Plan of Correction

Accept

25a - Written Contract Review (Residency Agreement):

- Prior to admission or at the time of move, or when a resident moves from Personal Care into Memory Care, in The Residency Agreement between the resident/family and the home shall be signed.
- The administrator or designee shall be responsible for explaining, acquiring signatures, and completing Residency Agreement.
- A review of current Resident Agreements shall be completed, and corrections made, if necessary, by 11/20/21.

Completion Date: 11/20/2021

## 42b - Abuse

## 1. Requirements

2600.

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

## Description of Violation

On 07/14/21, staff member A attempted to get resident #1 up for breakfast. The resident refused. Resident #1 was not checked on again until 4:45 PM when the resident was found still in [REDACTED] bed, wearing pajamas from the night before. The resident wears depends and needs moderate assistance. The resident's bed and pajamas were saturated with urine and [REDACTED] had not had anything to eat or drink all day. Several staff members assisted resident to the shower and then to dinner. Staff member A neglected to check on the resident after the resident's initial refusal at breakfast time. The resident received no care from the home for at least 9 hours.

On 08/09/21, resident #2 was showing signs of aggression and hit staff member B. Staff member B then restrained the resident physically by grabbing [REDACTED] arms, shook [REDACTED] and yelled at [REDACTED] not to hit people and shouted something along the lines of "how would you like it if I hit you". This incident was witnessed by staff member C, who calmly removed the resident from the situation and had resident #2 sit down in a chair until [REDACTED] calmed down.

42b - Abuse (*continued*)**Plan of Correction****Accept***42b - Abuse:*

- *A Resident may not be neglected, intimidated, physically or verbally abused, mistreated, or disciplined in any way.*
- *All allegations of abuse are investigated and documented, (this investigation resulted in termination of both associate a and associate b.)*
- *It is the policy of LCB to perform meal checks 3x per day, to ensure the wellbeing of each resident, policy attached. Retraining of this policy will be completed by 11/19/21.*
- *Re-training of care givers shall be conducted as it pertains to activities of daily living standards of care. Standard of care training shall be completed by 11/19/21.*
- *It is the policy of LCB communities to not allow residents to be subjected to any forms of restraints. Re-training of care givers shall be conducted as it pertains to the awareness and non-use of any chemical or physical restraint. This re-training shall be completed by 11/19/21.*
- *All staff received abuse training as it applies to the following CDC definition of Abuse:  
(1) Physical (2) Emotional (3) Financial (4) Sexual (5) Neglect.*
- *All Abuse training was completed by 10/16/21.*

**Completion Date:** 11/20/2021

## 54a - Direct Care Staff

**1. Requirements**

2600.

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

1. Be 18 years of age or older, except as permitted in subsection (b).
2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

**Description of Violation**

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

## 54a - Direct Care Staff (continued)

**Plan of Correction****Accept***54a - Direct Care Staff:*

- Associate A has been terminated.
- Re-training of the direct care staff requirements for the business office director or designee shall be completed by 11-28-21. 54 § 2600.54. Qualifications for direct care staff persons. (a) Direct care staff persons shall have the following qualifications: (1) Be 18 years of age or older, except as permitted in subsection (b). (2) Have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry. (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety. (b) An individual who is 16 or 17 years of age may be a staff person at a home but may not perform tasks related to medication administration. A staff person who is 16 or 17 years of age may not perform tasks related to incontinence care, bathing or dressing of residents without supervision. (c) A volunteer who performs ADLs shall meet the staff person qualifications and training requirements specified in this chapter. (d) A resident receiving personal care services who voluntarily performs tasks in the home will not be considered a volunteer under this chapter.
- All new direct care staff associates' files shall be audited for the next 90 days.
- Prior to the completion of the hiring process all direct care staff will be vetted to determine if the associate is greater than 18 years old, having a high school diploma, GED, active registry status in the Pennsylvania nurse aide registry and or any additional state requirements for their job.
- An audit of all currently employed direct care staff shall be completed by the human resource team by 11/20/21.

**Completion Date:** 11/20/2021

## 60a - Staff/Support Plan

**1. Requirements**

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

**Description of Violation**

On 09/14/21, during the medication cart audit on the Reflections Unit, staff member D stated that due to the "chaotic schedule today", ■■■ was not able to administer AM medications to residents in Reflections today. This statement was made after 10:45 AM. Many medications are marked for a 7AM to 12PM administration window but there are also medications with a specific administration time; 6:00 AM, 9:00 AM.

At least eight interviews were held with staff and agency staff who are familiar with the home's operations. Six of these interviewees stated that the staffing in the home is not sufficient to meet the needs of the residents.

**60a - Staff/Support Plan (continued)****Plan of Correction****Accept***60a - Staff Support Plan:*

- *Staffing has been augmented with the use of travel staffing agencies and local agencies for care givers and nurses until permanent staff is hired.*
- *The Variable Labor Tool is reviewed monthly by the Administrator (Executive Director), Resident Care Director, and the Business Office Director for staffing the community based upon the ratios and acuity.*
- *Hiring and retention meetings held weekly with ED, Department Head team & Corporate Hiring specialist, to review recruitment strategies.*
- *A multidisciplinary Resident Tracking Meeting will begin by 12/1/21 to discuss resident needs, acuity, and safety matters.*

**Completion Date:** 12/01/2021**66a - Staff Training Plan****1. Requirements**

2600.

- 66.a. A staff training plan shall be developed annually.

**Description of Violation**

*The home does not have a completed staff training plan for training year 2021.*

**Plan of Correction****Accept***66a - Staff Training Plan*

- *All staff have met the 2021 staff training requirements. This training has been completed for 2021.*
- *A staff training plan has been developed for 2022.*

**Completion Date:** 11/20/2021**66b - Training Plan Content****1. Requirements**

2600.

- 66.b. The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:
1. The name, position and duties of each direct care staff person.
  2. The required training courses for each staff person.
  3. The dates, times and locations of the scheduled training for each staff person for the upcoming year.

**Description of Violation**

*The home's staff training plan does not include the name, position and duties of each direct care staff person , the required training courses for each staff person, the dates, times and locations of the scheduled training for each staff person for the upcoming year.*

**Plan of Correction****Accept***66b - Training Plan Content:*

- *2022 Training Plan Content completed.*

**Completion Date:** 12/01/2021

**82c - Locking Poisonous Materials****1. Requirements**

2600.

- 82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

**Description of Violation**

*A tube of Arm & Hammer Advanced White toothpaste, with a manufacture's label indicating "if more than is used for brushing is accidentally swallowed, get medical help or contact poison control right away", was unlocked, unattended, and accessible to residents in room 406. Not all the residents of the home, including all the residents of the reflections unit, have been assessed capable of recognizing and using poisons safely.*

*Several items found in room 420 are labeled with a manufacture's warning indicating "...if ingested, seek medical help or contact poison control... Among these items were; two bottles of Dial Antibacterial Soap, a bottle of instant hand sanitizer, a bottle of Gold Bond medicated powder, a tub of Ultra Repair hand cream, a stick of Suave deodorant, two sticks of Pure Deodorant, a tub of Scruples hair care product and a cannister of Lysol Disinfectant Spray. These items were unlocked, unattended, and accessible to residents of the Reflections Unit as the door to room 420 was not locked. The residents of the Reflections Unit have been assessed as not capable of recognizing and using poisons safely.*

**Plan of Correction****Accept**

*82c - Locking Poisonous Materials:*

- 3 remaining associates need to be re-trained on the "Safe Haven Policy." All remaining memory care associates shall be re-trained by 10/22/21:*
- Environmental rounds are being conducted 1 X week by the Reflections Director (Memory Care Director) for the next 90 days.*

**Completion Date:** 10/22/2021

**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 09/14/21, at 1:00 PM, the hot water temperature at the bathroom sink in room 406 measured 123.4 degrees Fahrenheit and at 2:08 PM it was 122.4 degrees Fahrenheit.*

*On 09/14/21, at 1:10 PM, the hot water temperature at the kitchen sink in room 420 measured 125.8 degrees Fahrenheit and at 2:12 PM it was 124.3 degrees Fahrenheit.*

**Plan of Correction****Accept**

*89b - Hot Water Temperature:*

- Electronic mixing valve adjusted down to 120 degrees Fahrenheit. Will not exceed 120 degrees Fahrenheit.*
- Completed by 10/16/21*

**Completion Date:** 10/16/2021

96a - First Aid Kit

1. Requirements

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The first aid kit in the 3rd floor nurse's station does not include a thermometer.

Plan of Correction

Accept

96a - First Aid Kit:

- Inventory of First Aid Kit contents requirements were laminated and placed on kit.
- Each location shall audit their aid kits for expired/ missing contents on a quarterly basis.
- All kits Completed and deployed by 10/16/21.
- All staff re-in serviced on items in the First Aid Kit and to report to ED or designee should replacement supplies be needed.
- The Maintenance Director has provided a breakable locking mechanism on each kit.
- All trainings completed by 10/16/21.

Completion Date: 10/16/2021

103g - Storing Food

1. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

There were 4 uncovered and undated cups of various kinds of ice cream present on the freezer shelf in the Reflections Unit kitchen area.

Plan of Correction

Accept

103g - Storing Food

- Re-training the kitchen team on "Food Storage- Wrapping, labeling, and dating" all items.
- Re-training will be completed by 10/29/21.
- Safe Food Handling and Storage re-training completed by 10/16/21.
- Dining Observation Record completed for Reflections (Memory Care) and will be utilized audited 3 times per week for compliance. This audit will be ongoing.

Completion Date: 11/20/2021

103i - Outdated Food

1. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

There were 4 uncovered and undated cups of various kinds of ice cream present on the freezer shelf in the Reflections Unit kitchen area.

103i - Outdated Food (continued)

**Plan of Correction**

**Accept**

103i - Outdated Food

- Re-training the entire kitchen team on "Wrapping, labeling, and dating" all items and "If the food is not wrapped, it's considered outdated and discarded" according and immediately.
- Re-training will be completed by 10/29/21.
- Safe Food Handling and Storage re-training completed by 10/16/21.
- Dining Observation Record completed for Reflections (Memory Care) and will be utilized audited 3 times per week for compliance. This audit will be ongoing.
- 

**Completion Date:** 10/29/2021

141a 1-10 Medical Evaluation Information

**1. Requirements**

2600.

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

**Description of Violation**

Resident #4's medical evaluation is partially documented on a form specified by the Department; however, page 2 is missing.

**Plan of Correction**

**Accept**

141a - 1 - 10 Medical Evaluation Information:

- Audit for completed medical information was completed by [REDACTED]. Specific emphasis was to assure that page 2 was present of the Department issued Form, corrections made if necessary.
- Re-training completed with RCD or designee by [REDACTED].

**Completion Date:** 10/16/2021

171c - Home's Vehicle Documents

**1. Requirements**

2600.

- 171.c. The home shall maintain current copies of the following documentation for each of the home's vehicles used to transport residents:
1. Vehicle registration.
  2. Valid driver's license for vehicle operator.

171c - Home's Vehicle Documents *(continued)*

3. Vehicle insurance.
4. Current inspection.
5. Commercial driver's license for vehicle operator if applicable.

**Description of Violation**

*The home does not have a valid copy of vehicle registration and vehicle insurance for its 2019 Diamond T transport bus used to transport residents.*

**Plan of Correction****Accept**

*171c - Home Vehicle Documents:*

- *Active Registration & insurance updated after Department exit interview. Insurance expires in 1 year, and registration expires in 2 years.*
- *Inservice completed with Engagement Director and Van Driver by 10/16/21.*

**Completion Date:** *10/16/2021*

## 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**

*On [REDACTED]/21, resident #4's [REDACTED] blister packaging had tape over blister #8. The foil had been broken open and taped shut to secure the medication in the blister package.*

*On [REDACTED]/21, resident #5's [REDACTED] blister packaging had tape over blisters #5 and #6. The foil had been broken open and taped shut to secure the medication in the blister package.*

**Plan of Correction****Accept**

*183e - Storing Medications:*

- *Individual medication blister packages that have been compromised shall be destroyed per Pennsylvania regulations & LCB polices. The med tech/nurses shall not tape shut to secure the blister packaging.*
- *Re-trainings for med tech/nurses completed by 10/16/21.*

**Completion Date:** *10/16/2021*

## 183f - Discontinued Medications

**1. 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.

183f - Discontinued Medications (*continued*)**Description of Violation**

Resident #6's medication; [REDACTED] - Apply bilaterally to lower extremities twice a day for 14 days, was observed on the 3rd floor medication cart on 09/14/21. The medication was prescribed on 07/06/21 and discontinued after 14 days on 07/20/21. The medication should have been destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations.

**Plan of Correction****Accept**

183f - Discontinued Medications:

- Yardi re-training for nurses to put stop dates into the Yardi system as per physician orders. This training will be completed by 11/20/21.
- Re-training of discontinued medication policy with nurses/med techs. This re-training was completed by 10/16/21.

Completion Date: 11/20/2021

## 184a - Labeling OTC/CAM

**1. Requirements**

2600.

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

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

**Description of Violation**

Resident #1 is prescribed [REDACTED]. The directions printed on the pharmacy label do not match the medication administration record (MAR) directions. Pharmacy label indicates to Instill one drop in both eyes twice daily and the MAR directions indicate to Instill one drop in both eyes every day. Furthermore, the Electronic MAR (EMAR) shows that this medication is scheduled to be administered three times a day at 8a-12p, 7a-12p and 4p-8p.

Resident #7 is prescribed [REDACTED] - take 1 tablet by mouth every other day. The residents MAR has this medication scheduled for EVEN Days and the pharmacy roll pack label has the medication scheduled for ODD days. Staff of the home are administering the medications on the EVEN days by reserving the packaging scheduled for the odd day and giving the medication the next day. On 9/14/21 there is a labeled dose of [REDACTED] dated 9/13/21 present in the medication cart. There is a hand written note on the package that indicates "hold for 9/14/21 am". According to the package the medication should have been administered on 9/13/21 but according to the MAR the medication would be due on 9/14/21. This confusion/mismatched label leads to confusion over when the medication is actually to be administered.

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

**Plan of Correction****Accept***184a - Labeling OTC/CAM*

- *The original container for prescription medications shall be labeled with the following:*
  - o *The Residents Name*
  - o *Name of the Medication*
  - o *Date the Prescription was issued*
  - o *The prescribed dosage and instructions for administration*
  - o *Name and title of the prescriber.*
- *Verification of physician orders through Yardi system to assure that orders are correct, completed and in accordance with the physician request. Re-training of nurses on this aspect shall occur by 11/20/21.*
- *Medication reconciliation with physician orders shall occur no fewer than twice per year. Reconciliation for all residents began in October 2021 and will be completed by October 31, 2021.*
- *Medications are checked by nurses and orders are verified upon receipt of the meds from the pharmacy.*
- *Verbal communication with the pharmacy so that there is agreement should a medication dosing schedule not be every day (i.e. medications given on odd days/even days). Training shall be completed by 11/20/21.*
- *Any meds that need a hold, shall have a hold order from a physician. Training shall be completed with nurses by 11/20/21.*

Completion Date: 11/20/2021

## 184b - Resident's Meds Labeled

**1. Requirements**

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

**Description of Violation**

On [REDACTED]/21, during the medication cart audit, a bottle of OTC- One a Day multivitamins was present in the top drawer of the medication cart. The bottle is not labeled with a resident name.

There are two bottles of [REDACTED] belonging to resident #8. The bottles are not labeled with the resident's name or room number. Medications are stored in a small black basket that contains other medications belonging to the resident on a shelf in the med room. The home reports that this is an overflow basket for medications that the resident brought at admission.

**Plan of Correction****Accept***184b - Resident's Meds Labeled:*

- *All over the counter medications that belong to a resident shall be identified with a resident name.*
- *Training completed by 10/16/21. Training material and attendees located at site.*

Completion Date: 10/16/2021

## 185a - Implement Storage Procedures

**1. Requirements**

2600.

**185a - Implement Storage Procedures (continued)**

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

**Description of Violation**

Resident #1 is prescribed [REDACTED] take 2 tablets by mouth every 4 hours as needed for pain scale (mild 1-3) or fever. On 9/14/21, at 10:25 am, this medication is not present on the medication cart.

Resident #1 is prescribed [REDACTED] apply rectally once daily as needed for itching. On 9/14/21, at 10:25 am, this medication is not present on the medication cart.

Resident #9 is prescribed [REDACTED] - take 1 tablet by mouth daily as needed for constipation. On 9/14/21, this medication is not present in resident's room.

**Plan of Correction****Accept**

185a - Implement Storage Procedures:

- During the weekly cycle fill, the nurses shall check not only the standardized medications, but also the PRN medications for community availability.
- Re-training was completed by 10/16/21.

Completion Date: 10/18/2021

**187b - Date/Time of Medication Admin.****1. Requirements**

2600.

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

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

Description of Violation

Resident #1 is prescribed the following medications:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

The Electronic Medication Administration Record (EMAR) lists the administration times for these medications as Morning 7AM-12PM. Pages 5 and 6 of the resident's EMAR show the recording of the administration of these medications on 07/12/21 as 3:25 PM.

Resident #1 is also prescribed [REDACTED]-take 1 tablet by mouth daily. The EMAR lists the administration time as 6:00 AM. Page 5 of the resident's EMAR show the recording of the administration at the following dates and times: 07/01/21 at 7:09 AM, 07/03/21 at 7:08 AM, 07/07/21 at 7:08 AM, 07/13/21 at 11:43 AM, 07/14/21 at 8:29 AM, 07/15/21 at 8:52 AM and on 07/17/21 at 8:55 AM.

Resident #6 is prescribed [REDACTED]

All of these medications are scheduled to be administered between 7am-12pm. On 9/4/21, these medications were not initialed as administered until 2:42 pm.

Resident #7 is prescribed [REDACTED]-take 1 tablet by mouth twice daily at 4 PM and 9 PM. On 09/04/21 the 4 PM dose of this medication was not initialed as administered until 7:44 PM.

Plan of Correction

Accept

187b – Date/Time Medication Administration:

- Yardi re-training to assure that medications are being electronically signed out with the date/time stamp in accordance with physician orders. This re-training shall occur by 11/20/21.
- Re-training for medications being signed out at time of administration completed by 10/16/21.

Completion Date: 11/20/2021

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

## 187d - Follow Prescriber's Orders (continued)

**Description of Violation**

Resident #1 is prescribed [REDACTED] - take one tablet by mouth every day, scheduled for 6:00 am. On 9/9/21 this medication was not administered and on 9/14/21 this medication was still present on the cart in its packaging at 10:25 am.

Resident #1 is prescribed [REDACTED] - take one by mouth at bedtime- scheduled for 8pm-12am; [REDACTED] - take 1 by mouth every day- scheduled for 8pm-12am. On 9/11/21 these medications were administered at 6:00 pm- two hours prior to the scheduled time.

Resident #6 is prescribed [REDACTED] - Inhale 2 puffs by mouth twice a day scheduled for 7a-12p and 8p-12a. On 9/13/21 this medication was not administered as scheduled from 8p-12a.

Resident #6 is prescribed [REDACTED] - Give 30ml by mouth twice a day for dry mouth-swish and spit- scheduled for 7a-12p and 8p-12a. On 9/13/21 this medication was not administered as scheduled from 8p-12a.

Resident #6 is prescribed [REDACTED] - take 1 tablet by mouth twice a day- scheduled for 7a-12p and 4p-8p. On 9/13/21 this medication was not administered as scheduled from 4p-8p.

Resident #6 is prescribed [REDACTED] - take 1 tablet by mouth twice a date- scheduled for 7a-12p and 4p-8p. On 9/13/21 this medication was not administered as scheduled from 4p-8p.

Resident #6 is prescribed [REDACTED] - take 1 capsule by mouth at bedtime scheduled for 8p-12am. On 9/13/21 this medication was not administered as scheduled.

Resident #6 is prescribed [REDACTED] - take 1 tablet by mouth at bedtime- scheduled for 8p-12am. On 9/13/21 this medication was not administered as scheduled.

Resident #7 is prescribed [REDACTED] - take 2 tablets by mouth twice daily scheduled for 9am and 2pm. On 9/14/21 the medication was not administered and is still present in the medication cart in its labeled package at 10:45 am.

Resident #7 is prescribed [REDACTED] -take 1 tablet by mouth twice a day at 9AM and 2PM. On 9/14/21 the medication was not administered to resident as of 10:45 am

Resident #7 is prescribed [REDACTED] - take 1 tablet by mouth in the morning with [REDACTED] tab- scheduled for 9 am and [REDACTED] -take 1 tablet by mouth in the morning with [REDACTED] tab- scheduled for 9 am. On 9/14/21 these medications were not administered as scheduled as of 10:45 am.

Resident #7 is prescribed [REDACTED] - take 1 tablet by mouth twice daily at 4pm and 9pm. On 9/5/21 and 9/12/21 this medication was not administered at the 4 pm time.

Resident #9 is prescribed [REDACTED] - 1 puff daily- medication is not present in resident's room on 9/14/21.

**Plan of Correction****Accept**

187d – Follow Prescriber's Orders:

- The physician order process was re-trained by 10/16/21 as it relates to medications not being given per prescriber's orders. By not giving medications as prescribed, this could be viewed as a form of neglect and reportable to the Department.

**Completion Date:** 10/16/2021

## 190a - Completion Medication Course

**1. Requirements**

2600.

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

190a - Completion Medication Course (*continued*)**Description of Violation**

Staff member C has not successfully completed the Department-approved annual practicum and administered medications to residents to include the following:

- On [REDACTED]/21 and [REDACTED]/21 at Bedtime [REDACTED] to resident #1,
- On [REDACTED]/21 and [REDACTED]/21 at Evening [REDACTED], to resident #10.

**Plan of Correction****Accept**

190a – Completion of Medication Course:

- All medication technicians shall be re-trained by a Pennsylvania certified trainer by 11/15/21.

Completion Date: 11/15/2021

## 190c - Record of Training

**1. Requirements**

2600.

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

**Description of Violation**

The home's medication administration training record for staff person C does not include medication administration observations, the date, the name of the trainer, documentation of successful completion of the training.

**Plan of Correction****Accept**

190c – Record of Training:

- All medication technicians shall be re-trained by a Pennsylvania certified trainer by 11/15/21.

Completion Date: 11/15/2021

## 201 - Positive Interventions

**1. Requirements**

2600.

201. Safe Management Techniques - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

**Description of Violation**

Resident #2, exhibits aggressive behaviors. The home has not implemented positive interventions to modify or eliminate the behavior. On 08/09/21, staff member B was hit by the resident, and grabbed the resident's arms to restrain the resident from hitting her again, shook the resident and yelled at [REDACTED] to stop hitting people.

**Plan of Correction****Accept**

201 – Positive Interventions:

- All care givers, medication technicians, and nurses received Abuse training and Safe Management Techniques. Re-training was completed by 10/16/21.

Completion Date: 10/16/2021

## 202 - Prohibitions

## 1. 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

On [REDACTED] 9/21, at approximately [REDACTED] PM, resident #2 became aggressive and hit staff member B. Staff person B physically restrained the resident by grabbing [REDACTED] arms, shook the resident and yelled at [REDACTED] to stop hitting people. Staff person B also said something along the lines of ...how would you like it if someone hit you...

## Plan of Correction

Accept

201 – Positive Interventions:

- All care givers, medication technicians, and nurses received Abuse training and Safe Management Techniques. Re-training was completed by 10/16/21.

Completion Date: 10/16/2021

## 224a - Preadmission Screen Form

## 1. Requirements

2600.

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

## Description of Violation

Resident #1 was admitted to the home's secured unit on [REDACTED]; however, the resident's preadmission screening form was completed on [REDACTED]. Then resident was transferred to personal care on [REDACTED] however the resident's preadmission screening was completed on [REDACTED].

224a - Preadmission Screen Form (continued)

Plan of Correction

Accept

224a – Preadmission Screen Form:

- Resident Care Director was re-trained on utilizing the Department’s Prescreening form. This re-training was completed by 10/16/21.

Completion Date: 10/16/2021

225a - Assessment 15 Days

1. Requirements

2600.

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

Description of Violation

Resident #3 was admitted on [redacted]; however, the resident’s assessment was not completed until [redacted]

Plan of Correction

Accept

225a – Assessment 15 Days:

- Resident Care Director/Administrator or designee was re-trained on utilizing the Department’s Resident Assessment Service Plan (RASP) form. This re-training was completed by [redacted]

Completion Date: 10/16/2021

225c - Additional Assessment

1. 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 #6’s current assessment was completed on [redacted]. However, the resident’s previous assessment was completed on [redacted]

Resident #11’s current assessment was completed on [redacted] However, the resident’s previous assessment was completed on [redacted]

Plan of Correction

Accept

225c – Additional Assessment:

- Requirements:
- The resident shall have additional assessments as follows: (1) Annually (2) Significant Changes prior to the annual assessment (3) At the request of the Department.
- The Resident Care Director was re-trained on the additional assessment requirements.
- RCD re-training was completed by 10/16/21.

Completion Date: 10/16/2021

225c - Additional Assessment (continued)

2. 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 #3's assessment, dated [REDACTED] does not include the resident's ability to self medicate without assistance from others as stated on resident #3's [REDACTED] medical evaluation.

Plan of Correction

Accept

225c – Additional Assessment:

- Requirements:
- The resident shall have additional assessments as follows: (1) Annually (2) Significant Changes prior to the annual assessment (3) At the request of the Department.
- The Resident Care Director was re-trained on the additional assessment requirements.
- RCD re-training was completed by 10/16/21.

Completion Date: 10/16/2021

227g -Support Plan Signatures

1. Requirements

2600.

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

Description of Violation

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

Resident #11's RASP dated [REDACTED] is not signed by the Assessor/Resident Care Director who helped develop the support plan.

Plan of Correction

Accept

227g – Support Plan Signatures:

- Individuals who participate in the development of the support plan shall sign and date the support plan (RASP).
- The RASP shall be signed by the assessor/Resident Care Director or designee and the resident.
- Re-training was completed with the RCD on 10/16/21.

Completion Date: 10/16/2021

231b - Medical Evaluation

1. Requirements

2600.

231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

## 231b - Medical Evaluation (continued)

**Description of Violation**

Resident #1 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED] and again on [REDACTED] however, the resident's medical evaluation, completed on [REDACTED], does not include a diagnosis of Alzheimer's or other dementia or the need for the resident to be served in a secure dementia care unit.

**Plan of Correction****Accept**

231b – Medical Evaluation:

- The Medical Evaluation shall be executed by physician, PA, or certified registered nurse practitioner on the Department form within 60 days prior to admission.
- A diagnosis of Alzheimer's or other dementia must be on the Medical Evaluation form to secure a resident a secured dementia care unit.
- Re-training with RCD was completed by 10/16/21.

Completion Date: 10/16/2021

## 231c - Preadmission Screening

**1. Requirements**

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

**Description of Violation**

Resident #1 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED] and again on [REDACTED] However, the resident's written cognitive preadmission screening was completed on [REDACTED]

Resident #2 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED] However, the resident's written cognitive preadmission screening was completed on [REDACTED] and is not signed by the person completing the screening.

**Plan of Correction****Accept**

231c – Preadmission Screening:

- Pre-admission screening shall be completed in collaboration with a physician or geriatric assessment team and documented on the Department's screen form within 72 hours prior to admission.
- Re-training with RCD was completed by 10/16/21.

Completion Date: 10/16/2021

## 234a - Admission Support Plan

**1. Requirements**

2600.

234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

234a - Admission Support Plan (continued)

**Description of Violation**

Resident #1 was re-admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]. However, the resident's support plan was completed on [REDACTED].

Resident #2 physically moved into the Secure Dementia Care Unit (SDCU) on [REDACTED]. However, the resident's initial support plan was completed on [REDACTED].

**Plan of Correction**

**Accept**

234a – Admission Support Plan:

- Within 72 hours of admission or within 72 hours prior to a resident's admission to a secured dementia unit, a support plan shall be developed and documented within the resident's record.
- Re-training with RCD was completed by 10/16/21.

Completion Date: 10/16/2021

251c - Standardized Forms

**1. Requirements**

2600.

251.c. The home shall use standardized forms to record information in the resident's record.

**Description of Violation**

Resident #3's DME, dated [REDACTED], is missing page 2. This does not meet the requirement for the home to use the Department's current standardized forms.

**Plan of Correction**

**Accept**

251c – Standardized Forms:

- The home shall use Department standardized forms to record information in the resident's record.
- A re-training with the RCD or designee occurred by 10/16/21 to assure compliance with the regulations.

Completion Date: 10/16/2021