

Department of Human Services
Bureau of Human Service Licensing

October 5, 2021

[REDACTED], AUTHORIZED PERSON
HCRI SUN III TENANT LP
7902 WESTPARK DRIVE
ATTN: [REDACTED]
MCLEAN, VA 22102

RE: SUNRISE SENIOR LIVING OF
DRESHER
1650 SUSQUEHANNA ROAD
DRESHER, PA, 19025
LICENSE/COC#: 12841

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/01/2021, 09/02/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance 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**

Facility Information

Name: *SUNRISE SENIOR LIVING OF DRESHER* License #: *12841* License Expiration Date: *03/06/2022*
Address: *1650 SUSQUEHANNA ROAD, DRESHER, PA 19025*
County: *MONTGOMERY* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: *2152831123* Email: [REDACTED]

Legal Entity

Name: *HCRI SUN III TENANT LP*
Address: *7902 WESTPARK DRIVE, ATTN: [REDACTED], MCLEAN, VA, 22102*
Phone: *2152831123* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *04/15/2006* Issued By: *Twp of Upper Dublin*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *87* Waking Staff: *65*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *09/02/2021*

Inspection Dates and Department Representative

09/01/2021 - On-Site: [REDACTED]
09/02/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *105* Residents Served: *56*

Secured Dementia Care Unit

In Home: *Yes* Area: *Reminiscence* Capacity: *30* Residents Served: *20*

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *54*
Diagnosed with Mental Illness: *3* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *31* Have Physical Disability: *0*

Inspections / Reviews

09/01/2021 - Full

Lead Inspector: [REDACTED] rt

Follow-Up Type: *POC Submission*

Follow-Up Date: *09/24/2021*

9/27/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *10/05/2021*

10/5/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

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 person A, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Accept

The Business Office Coordinator (BOC) obtained direct care staff person A's GED certificate and placed it in the personnel file.

The BOC will conduct an audit of direct care personnel files to verify direct care staff persons have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

BOC will obtain copy of qualification before onboarding new team members.

Executive Director will review list of newly hired team members weekly at stand up to verify qualifications have been obtained.

During the monthly Quality Management (Quality Assurance and Performance Improvement/QAPI) meeting, the Executive Director and Coordinators will review the Plan of Correction (POC) for up to 3 months. If the POC is not effective, it will be amended and new POC will be implemented and monitored to ensure incident does not occur again.

Completion Date: 09/24/2021

Document Submission

Implemented

The Business Office Coordinator (BOC) obtained direct care staff person A's GED certificate and placed it in the personnel file.

The BOC will conduct an audit of direct care personnel files to verify direct care staff persons have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

BOC will obtain copy of qualification before onboarding new team members.

Executive Director will review list of newly hired team members weekly at stand up to verify qualifications have been obtained.

During the monthly Quality Management (Quality Assurance and Performance Improvement/QAPI) meeting, the Executive Director and Coordinators will review the Plan of Correction (POC) for up to 3 months. If the POC is not effective, it will be amended and new POC will be implemented and monitored to ensure incident does not occur again.

65d - Initial Direct Care Training

1. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

1. Training that includes a demonstration of job duties, followed by supervised practice.

65d - Initial Direct Care Training (continued)

- 2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person A, hired on [REDACTED], began providing unsupervised ADL services on or about [REDACTED]. However, the staff person did not complete training that included a demonstration of job duties, followed by supervised practice.

Plan of Correction

Accept

7/12/2021 Direct care staff person A was scheduled to complete training that included a demonstration of job duties followed by supervised practice with lead care manager.

9/16/2021 Direct care staff person A received the training that included a demonstration of job duties followed by supervised practice with a lead care manager. The training was documented and filed in the staff person A's personnel record.

10/3/2021 An audit of new hires within the past year will be completed to verify completion of training that includes demonstration of job duties followed by supervised practice. Any additional staff person identified to have the training missing will be scheduled to complete the training that includes demonstration of job duties followed by supervised practice with the Lead Care Manager.

10/3/2021 The Lead Care Managers were provided training on the onboarding process including the expectation to complete training that includes a demonstration of job duties, followed by supervised practice prior to the staff person providing unsupervised ADL services. The resources were reviewed, along with how to document the occurrence of the training.

10/3/2021 Upon hire, staff persons that are not exempt receive a training that includes a demonstration of job duties, followed by supervised practice prior to the staff person providing unsupervised ADL services. The neighborhood Coordinator verifies, prior to the staff person providing unsupervised ADL services, completion of training that includes a demonstration of job duties, followed by supervised practice.

9/30/2021 The BOC reviews the training documentation upon completion, verifies it was completed timely and files it in the staff person's personnel record.

9/28/2021 During the monthly QAPI meeting, the Executive Director and Coordinators will review the POC for up to 3 months. If the POC is not effective, it will be amended and new POC will be implemented and monitored to ensure incident does not occur again.

Completion Date: 09/24/2021

65d - Initial Direct Care Training (*continued*)**Document Submission****Implemented**

Direct care staff person A was scheduled to complete training that included a demonstration of job duties followed by supervised practice with lead care manager.

Direct care staff person A received the training that included a demonstration of job duties followed by supervised practice with a lead care manager. The training was documented and filed in the staff person A's personnel record. An audit of new hires within the past year will be completed to verify completion of training that includes demonstration of job duties followed by supervised practice. Any additional staff person identified to have the training missing will be scheduled to complete the training that includes demonstration of job duties followed by supervised practice with the Lead Care Manager.

The Lead Care Managers were provided training on the onboarding process including the expectation to complete training that includes a demonstration of job duties, followed by supervised practice prior to the staff person providing unsupervised ADL services. The resources were reviewed, along with how to document the occurrence of the training.

Upon hire, staff persons that are not exempt receive a training that includes a demonstration of job duties, followed by supervised practice prior to the staff person providing unsupervised ADL services. The neighborhood Coordinator verifies, prior to the staff person providing unsupervised ADL services, completion of training that includes a demonstration of job duties, followed by supervised practice.

The BOC reviews the training documentation upon completion, verifies it was completed timely and files it in the staff person's personnel record.

During the monthly QAPI meeting, the Executive Director and Coordinators will review the POC for up to 3 months. If the POC is not effective, it will be amended and new POC will be implemented and monitored to ensure incident does not occur again.

85e - Trash Outside Home

1. Requirements

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 9/1/21, at 1:02 pm kitchen staff were throwing food boxes outside the home via the side door that is in the kitchen. Several food boxes were accumulated on the ground outside the door next to the home's outdoor grill.

85e - Trash Outside Home (continued)

Plan of Correction

Accept

9/2/2021The empty boxes were immediately removed from outside the kitchen area and placed in a recycle receptacle.

9/30/2021A covered recycling bin will be placed outside the side kitchen door to collect empty boxes.

9/30/2021The recycling bin will be emptied into the dumpster at the end of each day to avoid overflow.

9/30/2021The Dinning Service Coordinator (DSC) will provide training to culinary staff on how to properly dispose of empty boxes.

9/30/2021The DSC will check the area daily for the next 3 months to ensure protocol is being followed.

9/28/2021During the monthly QAPI meeting, the Executive Director and Coordinators will review the POC for up to 3 months. If the POC is not effective, it will be amended and new POC will be implemented and monitored to ensure incident does not occur again.

Completion Date: 09/24/2021

Document Submission

Implemented

The empty boxes were immediately removed from outside the kitchen area and placed in a recycle receptacle.

A covered recycling bin will be placed outside the side kitchen door to collect empty boxes.

The recycling bin will be emptied into the dumpster at the end of each day to avoid overflow.

The Dinning Service Coordinator (DSC) will provide training to culinary staff on how to properly dispose of empty boxes.

The DSC will check the area daily for the next 3 months to ensure protocol is being followed.

During the monthly QAPI meeting, the Executive Director and Coordinators will review the POC for up to 3 months. If the POC is not effective, it will be amended and new POC will be implemented and monitored to ensure incident does not occur again

103c - Food Protected

1. Requirements

2600.

103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

Description of Violation

On 9/2/21 at 1:15 pm there were four uncovered slices of cake stored on a ledge in the home's dining room. Lunch was not being served at this time.

Plan of Correction

Accept

9/2/2021The four slices of cake stored on a ledge in the dining room was immediately removed and discarded.

9/8/2021The DSC will provide training to culinary staff on food needing to be protected from contamination while being stored, prepared, transported, and served.

9/3/2021The DSC will complete weekly audits for the next 3 months to verify food needing to be protected from contamination while being stored, prepared, transported, and served.

9/28/2021During the monthly QAPI meeting, the Executive Director and Coordinators will review the POC for up to 3 months. If the POC is not effective, it will be amended and new POC will be implemented and monitored to ensure incident does not occur again.

Completion Date: 09/24/2021

103c - Food Protected (continued)

Document Submission

Implemented

The four slices of cake stored on a ledge in the dining room was immediately removed and discarded. The DSC will provide training to culinary staff on food needing to be protected from contamination while being stored, prepared, transported, and served. The DSC will complete weekly audits for the next 3 months to verify food needing to be protected from contamination while being stored, prepared, transported, and served. During the monthly QAPI meeting, the Executive Director and Coordinators will review the POC for up to 3 months. If the POC is not effective, it will be amended and new POC will be implemented and monitored to ensure incident does not occur again.

103e - Left Overs

1. Requirements

2600.

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

Description of Violation

On 09-02-21, in the home's freezer, there was a bag of frozen peas not labeled and not dated. In the home's dining room, there were four slices of cake stored on a ledge that were not labeled, and not dated.

Plan of Correction

Accept

9/2/2021 The frozen peas were immediately dated and labeled properly. 9/2/2021 The four slices of cake stored on a ledge in the dining room was immediately removed and discarded. 9/3/2021 The DSC will provide training to culinary staff on leftover food needing to be labeled and dated. 9/3/2021 The DSC will complete weekly audits for the next 3 months to verify leftover food needing to be labeled and dated. 9/28/2021 During the monthly QAPI meeting, the Executive Director and Coordinators will review the POC for up to 3 months. If the POC is not effective, it will be amended and new POC will be implemented and monitored to ensure incident does not occur again.

Completion Date: 09/24/2021

Document Submission

Implemented

The frozen peas were immediately dated and labeled properly. The four slices of cake stored on a ledge in the dining room was immediately removed and discarded. The DSC will provide training to culinary staff on leftover food needing to be labeled and dated. The DSC will complete weekly audits for the next 3 months to verify leftover food needing to be labeled and dated. During the monthly QAPI meeting, the Executive Director and Coordinators will review the POC for up to 3 months. If the POC is not effective, it will be amended and new POC will be implemented and monitored to ensure incident does not occur again.

103g - Storing Food

1. Requirements

2600.

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

103g - Storing Food *(continued)***Description of Violation**

On 09-02-21, in the home's refrigerator, there was a bag of beef franks opened and not sealed.

Plan of Correction**Accept**

9/2/2021 The bag of beef franks was stored in a closed container.

9/10/2021 The DSC will provide training to culinary staff on food needing to be in closed or sealed containers.

9/3/2021 The DSC will complete weekly audits for the next 3 months to verify food needing to be in closed or sealed containers.

9/28/2021 During the monthly QAPI meeting, the Executive Director and Coordinators will review the POC for up to 3 months. If the POC is not effective, it will be amended and new POC will be implemented and monitored to ensure incident does not occur again.

Completion Date: 09/24/2021

Document Submission**Implemented**

The bag of beef franks was stored in a closed container.

The DSC will provide training to culinary staff on food needing to be in closed or sealed containers.

The DSC will complete weekly audits for the next 3 months to verify food needing to be in closed or sealed containers.

During the monthly QAPI meeting, the Executive Director and Coordinators will review the POC for up to 3 months. If the POC is not effective, it will be amended and new POC will be implemented and monitored to ensure incident does not occur again.

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

The resident #1's medical evaluation did not include a mobility needs assessment.

141a 1-10 Medical Evaluation Information *(continued)***Plan of Correction****Accept**

9/3/2021 The Resident Care Director (RCD) received a completed a Documentation of Medical Evaluation (DME) for Resident 1 from the resident's current physician. The completed DME included information regarding Resident 1's mobility needs assessment.

10/3/2021 An audit of all DMEs is being completed by the RCD and Wellness Nurses to determine the forms have been completed in their entirety, including the mobility needs assessment.

9/30/2021 The ED reviewed the process with the Director of Sales (DOS), RCD, Wellness Nurses, and care coordinator of checking DMEs to ensure they are entirely completed before adding to the medical record.

9/3/2021 The DOS will send a blank DME form and instructions with highlighted sections directly to PCP or designated person with instruction detailing what is required at time of request.

9/3/2021 The DOS will maintain a sample copy of completed DME for reference.

9/3/2021 The DOS will review completed the DME form prior to sending it to wellness team.

9/3/2021 The Wellness team will review the DME after the DOS for final approval before a resident move-in is confirmed as completed and accepted.

9/28/2021 During the monthly QAPI meeting, the Executive Director and Coordinators will review the POC for up to 3 months. If the POC is not effective, it will be amended and new POC will be implemented and monitored to ensure incident does not occur again.

Completion Date: 09/24/2021

Document Submission**Implemented**

The Resident Care Director (RCD) received a completed a Documentation of Medical Evaluation (DME) for Resident 1 from the resident's current physician. The completed DME included information regarding Resident 1's mobility needs assessment.

An audit of all DMEs is being completed by the RCD and Wellness Nurses to determine the forms have been completed in their entirety, including the mobility needs assessment.

The ED reviewed the process with the Director of Sales (DOS), RCD, Wellness Nurses, and care coordinator of checking DMEs to ensure they are entirely completed before adding to the medical record.

The DOS will send a blank DME form and instructions with highlighted sections directly to PCP or designated person with instruction detailing what is required at time of request.

The DOS will maintain a sample copy of completed DME for reference.

The DOS will review completed the DME form prior to sending it to wellness team.

The Wellness team will review the DME after the DOS for final approval before a resident move-in is confirmed as completed and accepted.

During the monthly QAPI meeting, the Executive Director and Coordinators will review the POC for up to 3 months. If the POC is not effective, it will be amended and new POC will be implemented and monitored to ensure incident does not occur again

141b1 - Annual Medical Evaluation

1. Requirements

2600.

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

141b1 - Annual Medical Evaluation (continued)

Description of Violation

Resident #2's most recent medical evaluation was completed on [REDACTED]. The resident's previous medical evaluation was completed on [REDACTED].

Plan of Correction

Accept

9/21/2021 A letter will be sent to the family and physician of resident #2 informing them about scheduling an annual evaluation and sending an updated DME to the wellness office timely.

10/3/2021 An audit of resident files was completed to verify that residents have a DME at least annually. DME's was obtained for residents that required an annual evaluation.

9/30/2021 A Point of Care tickler will be used to track when DME's are due.

9/30/2021 The ED will train the RCD and Wellness nurses on the process of using the tickler, notification and obtaining a DME.

9/30/2021 Family and Physician of residents who utilize an outside provider will be sent a letter informing them about scheduling an annual evaluation and sending an updated DME to the wellness office.

9/30/2021 The RCD or designee will report weekly at the stand-up meeting which residents are due for a new DME. Once the DME is obtained the RCD or designee will review the contents to verify been completed in their entirety and timely.

9/28/2021 During the monthly QAPI meeting, the Executive Director and Coordinators will review the POC for up to 3 months. If the POC is not effective, it will be amended and new POC will be implemented and monitored to ensure incident does not occur again.

Completion Date: 09/24/2021

Document Submission

Implemented

A letter will be sent to the family and physician of resident #2 informing them about scheduling an annual evaluation and sending an updated DME to the wellness office timely.

An audit of resident files was completed to verify that residents have a DME at least annually. DME's was obtained for residents that required an annual evaluation.

A Point of Care tickler will be used to track when DME's are due.

The ED will train the RCD and Wellness nurses on the process of using the tickler, notification and obtaining a DME.

Family and Physician of residents who utilize an outside provider will be sent a letter informing them about scheduling an annual evaluation and sending an updated DME to the wellness office.

The RCD or designee will report weekly at the stand-up meeting which residents are due for a new DME. Once the DME is obtained the RCD or designee will review the contents to verify been completed in their entirety and timely.

During the monthly QAPI meeting, the Executive Director and Coordinators will review the POC for up to 3 months. If the POC is not effective, it will be amended and new POC will be implemented and monitored to ensure incident does not occur again.

183d - Prescription Current

1. Requirements

2600.

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

183d - Prescription Current (continued)

Description of Violation

On 9/2/21, [REDACTED] prescribed for resident #3, was in the home's medication cart; however, the medication has instruction to discard 30 days after opening. The medication was opened on 7/30/21 .

On 9/2/21, [REDACTED] prescribed for resident #4, was in the home's medication cart; however, the medication was discontinued on 7/21/21.

On 9/2/21, [REDACTED] prescribed for resident #5, was in the home's medication cart; however, the medication was discontinued.

Plan of Correction

Accept

9/2/2021The [REDACTED] prescribed for resident #3, was removed and discarded from the medication cart per physician's order.

9/2/2021The [REDACTED] prescribed for resident #4, was removed from the medication cart and discarded per physician's order.

9/2/2021The [REDACTED] prescribed for resident #5, was removed from the medication cart and discarded per physician's order.

9/16/2021The RCD reviewed the medication cart audit process with the wellness team.

9/30/2021At the time medication is discontinued, wellness nurse will physically remove medication form cart. Medication will be disposed of appropriately.

9/8/2021The RCD or designee conducts medication cart audits weekly and monthly to verify discontinued or expired medication have been removed and discarded properly.

9/28/2021During the monthly QAPI meeting, the Executive Director and Coordinators will review the POC for up to 3 months. If the POC is not effective, it will be amended and new POC will be implemented and monitored to ensure incident does not occur again.

Completion Date: 09/24/2021

Document Submission

Implemented

The [REDACTED] prescribed for resident #3, was removed and discarded from the medication cart per physician's order.

The [REDACTED] prescribed for resident #4, was removed from the medication cart and discarded per physician's order.

The [REDACTED] prescribed for resident #5, was removed from the medication cart and discarded per physician's order.

The RCD reviewed the medication cart audit process with the wellness team.

At the time medication is discontinued, wellness nurse will physically remove medication form cart. Medication will be disposed of appropriately.

The RCD or designee conducts medication cart audits weekly and monthly to verify discontinued or expired medication have been removed and discarded properly.

During the monthly QAPI meeting, the Executive Director and Coordinators will review the POC for up to 3 months. If the POC is not effective, it will be amended and new POC will be implemented and monitored to ensure incident does not occur again.

185a - Implement Storage Procedures

1. Requirements

2600.

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

Description of Violation

Resident #6 is prescribed Morphine Sulfate as needed. On 9/2/21 this medication was not available in the home.

Plan of Correction

Accept

9/2/2021 Resident # 6's morphine was discontinued on 8/6/21. A discontinue order was obtained and placed in residents' medical file.

10/3/2021 Audit of prescribed medication will be completed to verify all residents have medication available in the building per Physician's order. The RCD or designee will coordinate with physician to obtain script for prescribed medications.

9/8/2021 The RCD reviewed the medication cart audit process with the wellness team.

9/3/2021 Resident Care Director and Wellness nurse will coordinate with pharmacy to ensure prescribed medications are available for residents in the building.

9/8/2021 The RCD or designee conducts medication cart audits weekly and monthly to verify prescribed medications are available.

9/28/2021 During the monthly QAPI meeting, the Executive Director and Coordinators will review the POC for up to 3 months. If the POC is not effective, it will be amended and new POC will be implemented and monitored to ensure incident does not occur again.

Completion Date: 09/24/2021

Document Submission

Implemented

Resident # 6's [REDACTED] was discontinued on [REDACTED]. A discontinue order was obtained and placed in residents' medical file.

Audit of prescribed medication will be completed to verify all residents have medication available in the building per Physician's order. The RCD or designee will coordinate with physician to obtain script for prescribed medications.

The RCD reviewed the medication cart audit process with the wellness team.

Resident Care Director and Wellness nurse will coordinate with pharmacy to ensure prescribed medications are available for residents in the building.

The RCD or designee conducts medication cart audits weekly and monthly to verify prescribed medications are available.

During the monthly QAPI meeting, the Executive Director and Coordinators will review the POC for up to 3 months. If the POC is not effective, it will be amended and new POC will be implemented and monitored to ensure incident does not occur again.

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.

224a - Preadmission Screen Form (continued)

Description of Violation

Resident #2's preadmission screening form, dated [REDACTED], does not include a determination that the needs of the resident can be met by the services provided by the home.

Plan of Correction

Accept

9/3/2021 Resident #2's was re-evaluated, and the preadmission screening form was completed, signed and dated to indicate community can meet resident needs.

9/10/2021 The ED or designee will complete an audit of resident preadmission screening form to verify completion and documentation that the needs of the resident can be met by the services provided by the community.

9/30/2021 Within 30 days prior to admission of a new resident, the RCD or designee completes a preadmission screening form including documentation that the needs of the resident can be met by the services provided by the community.

9/30/2021 At the weekly stand-up meeting, RCD or designee will verify preadmission screening form including documentation that the needs of the resident can be met by the services provided by the community is completed for residents in the process of moving into the community.

9/28/2021 During the monthly QAPI meeting, the Executive Director and Coordinators will review the POC for up to 3 months. If the POC is not effective, it will be amended and new POC will be implemented and monitored to ensure incident does not occur again.

Completion Date: 09/24/2021

Document Submission

Implemented

Resident #2's was re-evaluated, and the preadmission screening form was completed, signed and dated to indicate community can meet resident needs.

The ED or designee will complete an audit of resident preadmission screening form to verify completion and documentation that the needs of the resident can be met by the services provided by the community.

Within 30 days prior to admission of a new resident, the RCD or designee completes a preadmission screening form including documentation that the needs of the resident can be met by the services provided by the community.

At the weekly stand-up meeting, RCD or designee will verify preadmission screening form including documentation that the needs of the resident can be met by the services provided by the community is completed for residents in the process of moving into the community.

During the monthly QAPI meeting, the Executive Director and Coordinators will review the POC for up to 3 months. If the POC is not effective, it will be amended and new POC will be implemented and monitored to ensure incident does not occur again.

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.

227g -Support Plan Signatures (*continued*)**Description of Violation**

Resident #2 participated in the development of the resident's support plans on [REDACTED] and [REDACTED]. However, the resident did not sign either of the support plans.

Resident #7 participated in the development of the resident's support plans on [REDACTED] and [REDACTED]. However, the resident did not sign either of the support plan.

Resident #8 participated in the development of the resident's support plan on [REDACTED]. However, the resident did not sign the support plan.

Plan of Correction**Accept**

9/3/2021 Resident #2's care plan meeting to review the support plan with the resident and responsible party and document participation was obtained on [REDACTED]

9/3/2021 The ED or designee scheduled Resident #7 and 8's care plan meeting with the resident and responsible party to review the support plan and document participation.

9/30/2021 The Neighborhood Coordinators reviewed and identified residents and responsible parties who participated in the development of the support plan but did not sign and date the support plan. Meetings were scheduled and documentation obtained accordingly.

9/30/2021 The ED reviewed the procedure to be followed with the Neighborhood Coordinators for obtaining signatures and dates for those that participated in the development of the support plan.

9/3/2021 The Neighborhood Coordinators schedule support plan meetings with residents and responsible parties via verbal or written communication. Signatures and dates are obtained for those that participate in the development of the support plan.

9/30/2021 The ED or designee will review care plan meeting documentation prior to filing in the resident's record.

9/28/2021 During the monthly QAPI meeting, the Executive Director and Coordinators will review the POC for up to 3 months. If the POC is not effective, it will be amended and new POC will be implemented and monitored to ensure incident does not occur again.

Completion Date: 09/24/2021

227g -Support Plan Signatures (continued)

Document Submission**Implemented**

Resident #2's care plan meeting to review the support plan with the resident and responsible party and document participation was obtained on [REDACTED].

The ED or designee scheduled Resident #7 and 8's care plan meeting with the resident and responsible party to review the support plan and document participation

The Neighborhood Coordinators reviewed and identified residents and responsible parties who participated in the development of the support plan but did not sign and date the support plan. Meetings were scheduled and documentation obtained accordingly.

The ED reviewed the procedure to be followed with the Neighborhood Coordinators for obtaining signatures and dates for those that participated in the development of the support plan.

The Neighborhood Coordinators schedule support plan meetings with residents and responsible parties via verbal or written communication. Signatures and dates are obtained for those that participate in the development of the support plan.

The ED or designee will review care plan meeting documentation prior to filing in the resident's record.

During the monthly QAPI meeting, the Executive Director and Coordinators will review the POC for up to 3 months. If the POC is not effective, it will be amended and new POC will be implemented and monitored to ensure incident does not occur again.