

Department of Human Services  
Bureau of Human Service Licensing

May 16, 2022

[REDACTED], EXECUTIVE DIRECTOR  
[REDACTED]  
[REDACTED]  
[REDACTED]

RE: SUNRISE OF ABINGTON  
1841 SUSQUEHANNA ROAD  
ABINGTON, PA, 19001  
LICENSE/COC#: 14488

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/20/2021, 09/21/2021 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 - PUBLIC**

**Facility Information**

Name: *SUNRISE OF ABINGTON* License #: *14488* License Expiration: *01/01/2023*  
Address: *1841 SUSQUEHANNA ROAD, ABINGTON, PA 19001*  
County: *MONTGOMERY* Region: *SOUTHEAST*

**Administrator**

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

**Legal Entity**

[REDACTED]

**Certificate(s) of Occupancy**

Type: *I-2* Date: *09/02/2010* Issued By: *Abington Township*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *122* Waking Staff: *92*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *09/21/2021*

**Inspection Dates and Department Representative**

09/20/2021 - On-Site: [REDACTED]  
09/21/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *110* Residents Served: *74*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *Reminiscence* Capacity: *28* Residents Served: *20*

**Hospice**

Current Residents: *8*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *73*  
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *2*  
Have Mobility Need: *48* Have Physical Disability: *2*

**Inspections / Reviews**

**09/20/2021 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/23/2021*

Inspections / Reviews (*continued*)

10/22/2021 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *11/15/2021*

05/16/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 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

*The home did not post a "No Smoking" sign anywhere.*

#### Plan of Correction

**Accept**

*9/21/2021 After review, the community posted two "No Smoking" signs. One is located outside by the main entrance of the community, and one is located at the back entrance of the community.*

*9/21/2021 The Executive Director (ED) and/or designee will check during daily rounds to ensure the "No Smoking" signs are placed in a visible area easily seen by residents, visitors, and staff.*

*11/2/2021 and for 3 months ongoing -The Plan of Correction (POC) and monitoring results are discussed and evaluated (for up to three months) by the ED and Coordinators at the monthly Quality Management (QAPI) meeting to verify it is still effective.*

**Completion Date:** 10/23/2021

#### Document Submission

**Implemented**

*9/21/2021 After review, the community posted two "No Smoking" signs. One is located outside by the main entrance of the community, and one is located at the back entrance of the community.*

*9/21/2021 The Executive Director (ED) and/or designee will check during daily rounds to ensure the "No Smoking" signs are placed in a visible area easily seen by residents, visitors, and staff.*

*11/2/2021 and for 3 months ongoing -The Plan of Correction (POC) and monitoring results are discussed and evaluated (for up to three months) by the ED and Coordinators at the monthly Quality Management (QAPI) meeting to verify it is still effective.*

## 23a - Activities of Daily Living Assistance

### 1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

#### Description of Violation

*The resident assessment and support plan (RASP), dated [REDACTED], for resident #1 indicates the resident requires two person assistance with toileting. On [REDACTED], the resident did not receive this assistance as required and was assisted by only one staff during the resident's bathroom visit.*

#### Plan of Correction

**Accept**

*9/21/2021 The Medication Care Manager (MCM) responded to resident #1's room and assisted the direct care staff person that was in the room with providing care to the resident.*

*9/21/2021 The direct care staff person that was initially assisting resident #1 was re-educated on the need to follow the residents support plan and request assistance from other direct care staff person prior to providing care to a*

**23a - Activities of Daily Living Assistance (continued)**

*resident that requires the assistance of more than one person.*

*10/30/2021 The Personal Care Coordinator (PCC) will review resident assessment and support plans in the personal care neighborhood, to verify toileting assistance needs are documented accurately.*

*9/21/2021 The direct care staff person daily assignments for the personal care neighborhood were reviewed by the PCC to confirm who requires the assistance for more than one person for care for toileting needs.*

*10/28/2021 The PCC will review with the direct care staff of the personal care neighborhood where to access information on resident's toileting needs and number of persons needed to provide assistance.*

*10/28/2021 The PCC will conduct random observations for up to 3 months of care being provided in the personal care neighborhood to verify assistance is provided as indicated in the resident's assessment and support plan.*

*11/2/2021 and for up to three months- The POC and monitoring results are discussed and evaluated (for up to three months) by the ED and Coordinators at the monthly QAPI meeting to verify it is still effective.*

**Completion Date:** 10/23/2021

**Document Submission**

**Implemented**

*9/21/2021 The Medication Care Manager (MCM) responded to resident #1's room and assisted the direct care staff person that was in the room with providing care to the resident.*

*9/21/2021 The direct care staff person that was initially assisting resident #1 was re-educated on the need to follow the residents support plan and request assistance from other direct care staff person prior to providing care to a resident that requires the assistance of more than one person.*

*10/30/2021 The Personal Care Coordinator (PCC) will review resident assessment and support plans in the personal care neighborhood, to verify toileting assistance needs are documented accurately.*

*9/21/2021 The direct care staff person daily assignments for the personal care neighborhood were reviewed by the PCC to confirm who requires the assistance for more than one person for care for toileting needs.*

*10/28/2021 The PCC will review with the direct care staff of the personal care neighborhood where to access information on resident's toileting needs and number of persons needed to provide assistance.*

*10/28/2021 The PCC will conduct random observations for up to 3 months of care being provided in the personal care neighborhood to verify assistance is provided as indicated in the resident's assessment and support plan.*

*11/2/2021 and for up to three months- The POC and monitoring results are discussed and evaluated (for up to three months) by the ED and Coordinators at the monthly QAPI meeting to verify it is still effective.*

**25b - Contract Signatures**

**1. Requirements**

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

**Description of Violation**

*The resident-home contract, dated 03/22/2021, for resident #2 was not signed by the resident.*

25b - Contract Signatures (continued)

**Plan of Correction**

**Accept**

9/21/2021 The ED reviewed the contract and signed the one page that was not signed with resident #2. All else in the contract was already signed upon move in of the resident.

9/22/2021 The ED conducted a review of current resident contracts and verified all required signatures were in place.

9/22/2021 Prior to, or within 24 hours of a resident moving into the community, the ED or designee reviews the contents of the contract to the resident and the resident's designated person, if any. Signatures are documented on the contract.

Within 24 hours after a resident's admission, the Director of Sales (DOS) reviews the contract for completeness.

11/2/2021 and for up to 3 months -The POC and monitoring results are discussed and evaluated (for up to three months) by the ED and Coordinators at the monthly QAPI meeting to verify it is still effective.

**Completion Date:** 10/23/2021

**Document Submission**

**Implemented**

9/21/2021 The ED reviewed the contract and signed the one page that was not signed with resident #2. All else in the contract was already signed upon move in of the resident.

9/22/2021 The ED conducted a review of current resident contracts and verified all required signatures were in place.

9/22/2021 Prior to, or within 24 hours of a resident moving into the community, the ED or designee reviews the contents of the contract to the resident and the resident's designated person, if any. Signatures are documented on the contract.

Within 24 hours after a resident's admission, the Director of Sales (DOS) reviews the contract for completeness.

11/2/2021 and for up to 3 months -The POC and monitoring results are discussed and evaluated (for up to three months) by the ED and Coordinators at the monthly QAPI meeting to verify it is still effective.

41e - Signed Statement

1. Requirements

2600.

41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

**Description of Violation**

Resident #2's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

**Plan of Correction**

**Accept**

9/21/2021 The ED reviewed the contract and signed the one page that was not signed with resident #2 related to rights and complaint procedures. All else in the contract was already signed upon move in of the resident.

9/22/2021 The ED did a review of current resident contracts and verified all required signatures were in place.

9/22/2021 Prior to, or within 24 hours of a resident moving into the community, the ED reviews and explains the contents of the contract to the resident and the resident's designated person, if any. Signatures are documented on

41e - Signed Statement (continued)

the contract.

9/22/2021 Within 24 hours after a resident's admission, the DOS reviews the contract for completeness.

11/2/2021 and for up to 3 months-The POC and monitoring results are discussed and evaluated (for up to three months) by the ED and Coordinators at the monthly QAPI meeting to verify it is still effective.

Completion Date: 10/23/2021

Document Submission

Implemented

9/21/2021 The ED reviewed the contract and signed the one page that was not signed with resident #2 related to rights and complaint procedures. All else in the contract was already signed upon move in of the resident.

9/22/2021 The ED did a review of current resident contracts and verified all required signatures were in place.

9/22/2021 Prior to, or within 24 hours of a resident moving into the community, the ED reviews and explains the contents of the contract to the resident and the resident's designated person, if any. Signatures are documented on the contract.

9/22/2021 Within 24 hours after a resident's admission, the DOS reviews the contract for completeness.

11/2/2021 and for up to 3 months-The POC and monitoring results are discussed and evaluated (for up to three months) by the ED and Coordinators at the monthly QAPI meeting to verify it is still effective.

60b - Additional Staffing

1. Requirements

2600.

60.b. The Department may require additional staffing as necessary to protect the health, safety and well-being of the residents. Requirements for additional staffing will be based on the resident's assessment and support plan, the design and construction of the home and the operation and management of the home.

Description of Violation

The home has only 2 staff on the home's Secured Dementia Unit (SDCU) and 3 staff on the personal care side during the overnight shift. SDCU unit serves 20 residents who are totally immobile and need assistance during an emergency and PC unit serves 54 residents, 28 of whom are identified with mobility needs. Insufficient staff exits on the overnight shift to safely evacuate 74 residents (48 of whom have mobility needs) within the designated safe evacuation time of 15 minutes.

On 4/6/21, a supervised fire drill was conducted. During this drill, 53 residents were evacuated by 12 staff and 9 ancillary staff (21 total staff) in a time period of 7 minutes and 9 seconds.

Plan of Correction

Accept

10/15/2021 The ED and Care Coordinators reviewed the schedule to verify number of hours needed for each neighborhood based on census, and resident's acuity as identified on the resident's assessment, and support plan.

10/15/2021 The coordinators review the mobility needs of the residents daily to ensure the community is meeting staffing requirements.

10/15/2021 Labor/scheduling are reviewed daily in the morning stand up meeting. Any open positions and shifts are identified then with the care coordinators and ED work together to verify proper staffing levels for each neighborhood.

60b - Additional Staffing (continued)

11/2/2021 and for up to 3 months- The POC and monitoring results are discussed and evaluated (for up to three months) by the ED and Coordinators at the monthly QAPI meeting to verify it is still effective.

**Completion Date:** 10/23/2021

**Document Submission** **Implemented**

10/15/2021 The ED and Care Coordinators reviewed the schedule to verify number of hours needed for each neighborhood based on census, and resident's acuity as identified on the resident's assessment, and support plan.

10/15/2021 The coordinators review the mobility needs of the residents daily to ensure the community is meeting staffing requirements.

10/15/2021 Labor/scheduling are reviewed daily in the morning stand up meeting. Any open positions and shifts are identified then with the care coordinators and ED work together to verify proper staffing levels for each neighborhood.

11/2/2021 and for up to 3 months- The POC and monitoring results are discussed and evaluated (for up to three months) by the ED and Coordinators at the monthly QAPI meeting to verify it is still effective.

Document Submission

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

**Description of Violation**

On 09/20/2021 at 10:00 AM, there were wet towels with spots of mold in the cabinet under the steam tables in the SDCU service kitchen. The dining room floor in the SDCU was sticky.

On 09/21/2021, there was a strong odor of urine in the bathroom of resident room #332.

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

9/20/2021 The towels from under the steam table in the secured dementia care unit were picked up, the floor was mopped, cleaned, dried and spots of mold were treated and removed.

9/21/2021 The resident of room #332 had recently used the toilet and had not flushed. The ED flushed the toilet and housekeeping immediately cleaned the bathroom.

9/20/2021 During daily rounds, care coordinators and/or the ED check the floors in each neighborhood to verify they are clean and dried.

9/21/2021

During daily rounds, care coordinators and/or the ED check resident apartments and bathroom for cleanliness as well as any odors. Any apartments identified as having to be cleaned will be relayed to the housekeeping team for immediate cleaning.

11/2/2021 and for up to 3 months-The POC and monitoring results are discussed and evaluated (for up to three months) by the ED and Coordinators at the monthly QAPI meeting to verify it is still effective.

**Completion Date:** 10/23/2021

85a - Sanitary Conditions (continued)

**Document Submission** **Implemented**

9/20/2021 The towels from under the steam table in the secured dementia care unit were picked up, the floor was mopped, cleaned, dried and spots of mold were treated and removed.

9/21/2021 The resident of room #332 had recently used the toilet and had not flushed. The ED flushed the toilet and housekeeping immediately cleaned the bathroom.

9/20/2021 During daily rounds, care coordinators and/or the ED check the floors in each neighborhood to verify they are clean and dried.

9/21/2021

During daily rounds, care coordinators and/or the ED check resident apartments and bathroom for cleanliness as well as any odors. Any apartments identified as having to be cleaned will be relayed to the housekeeping team for immediate cleaning.

11/2/2021 and for up to 3 months-The POC and monitoring results are discussed and evaluated (for up to three months) by the ED and Coordinators at the monthly QAPI meeting to verify it is still effective.

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 09/20/2021, the dumpsters behind the home were full and not covered.

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

9/20/2021 The Senior Facilities Director immediately closed the lids of the trash cans to ensure compliance with the regulation.

9/21/2021 The ED and Maintenance Director reviewed with the team that the lids to all trash receptacles should be closed and covered to prevent the penetration of insects and rodents.

9/21/2021 The Maintenance Director and/or designee will ensure during daily rounds of the outside of the community that all trash receptacles are covered.

11/2/2021 and for up to 3 months- The POC and monitoring results are discussed and evaluated (for up to three months) by the ED and Coordinators at the monthly QAPI meeting to verify it is still effective.

**Completion Date:** 10/23/2021

**Document Submission** **Implemented**

9/20/2021 The Senior Facilities Director immediately closed the lids of the trash cans to ensure compliance with the regulation.

9/21/2021 The ED and Maintenance Director reviewed with the team that the lids to all trash receptacles should be closed and covered to prevent the penetration of insects and rodents.

9/21/2021 The Maintenance Director and/or designee will ensure during daily rounds of the outside of the community that all trash receptacles are covered.

11/2/2021 and for up to 3 months- The POC and monitoring results are discussed and evaluated (for up to three months) by the ED and Coordinators at the monthly QAPI meeting to verify it is still effective.

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 by the telephone in resident room #304.

Plan of Correction

Accept

9/21/2021 The Reminiscence Coordinator put a list of emergency telephone numbers near the telephone in resident room # 304.

9/23/2021 An audit of each telephone with an outside line was conducted to verify emergency telephone numbers are available.

9/21/2021 During daily rounds of the neighborhood, the Reminiscence Coordinator checks to verify all resident rooms have a list or sign stating emergency telephone numbers.

10/30/2021 The team will be retrained on the necessity of there being something near resident's phones indicating the required emergency telephone numbers. The coordinator team will ensure upon inspection of the room before the resident moves in that the telephone has the necessary sticker.

11/2/2021 and for up to 3 months- The POC and monitoring results are discussed and evaluated (for up to three months) by the ED and Coordinators at the monthly QAPI meeting to verify it is still effective.

Completion Date: 10/23/2021

Document Submission

Implemented

of CorrectionAccept

9/21/2021 The Reminiscence Coordinator put a list of emergency telephone numbers near the telephone in resident room # 304.

9/23/2021 An audit of each telephone with an outside line was conducted to verify emergency telephone numbers are available.

9/21/2021 During daily rounds of the neighborhood, the Reminiscence Coordinator checks to verify all resident rooms have a list or sign stating emergency telephone numbers.

10/30/2021 The team will be retrained on the necessity of there being something near resident's phones indicating the required emergency telephone numbers. The coordinator team will ensure upon inspection of the room before the resident moves in that the telephone has the necessary sticker.

11/2/2021 and for up to 3 months- The POC and monitoring results are discussed and evaluated (for up to three months) by the ED and Coordinators at the monthly QAPI meeting to verify it is still effective.

95 - Furniture and Equipment

1. Requirements

2600.

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

95 - Furniture and Equipment (continued)

**Description of Violation**

*In resident room #302, the bathroom sink would not drain and the toilet paper holder was broken. In resident room #332, the foot pedal of the trash can in the bathroom was broken.*

**Plan of Correction**

**Accept**

*9/21/2021 The Maintenance Director fixed the sink and toilet paper holder in room #302.*

*9/21/2021 The Maintenance Director replaced the broken trash can with a workable can in room #332.*

*9/23/2021 The Maintenance Director completed an inspection of all sinks, toilet paper holders and trash cans in the community to verify they were in good repair. Any items identified not to be in good repair were replaced.*

*10/30/2021 The team will be retrained on the importance of identifying sinks, toilet paper holders, trash cans and other furniture in the community that are not in good repair. Team members are to report to the Maintenance Director items in need of repair/replacement.*

*11/2/2021 and for up to 3 months-The POC and monitoring results are discussed and evaluated (for up to three months) by the ED and Coordinators at the monthly QAPI meeting to verify it is still effective.*

**Completion Date:** 10/23/2021

**Document Submission**

**Implemented**

*9/21/2021 The Maintenance Director fixed the sink and toilet paper holder in room #302.*

*9/21/2021 The Maintenance Director replaced the broken trash can with a workable can in room #332.*

*9/23/2021 The Maintenance Director completed an inspection of all sinks, toilet paper holders and trash cans in the community to verify they were in good repair. Any items identified not to be in good repair were replaced.*

*10/30/2021 The team will be retrained on the importance of identifying sinks, toilet paper holders, trash cans and other furniture in the community that are not in good repair. Team members are to report to the Maintenance Director items in need of repair/replacement.*

*11/2/2021 and for up to 3 months-The POC and monitoring results are discussed and evaluated (for up to three months) by the ED and Coordinators at the monthly QAPI meeting to verify it is still effective.*

*Document Submission*

*11/15/2021*

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**

*There are two exits in the home's gated garden. The latch for one of the exits was missing.*

**Plan of Correction**

**Accept**

*9/20/2021 The Senior Maintenance Director ordered a new latch for the exit in the gated garden that did not have a latch. A temporary lock was placed on the gate in the meantime while waiting for the new latch to be delivered.*

100a - Exterior - Free of Hazards (continued)

10/3/2021 The new latch was delivered and installed on the gate by the Senior Maintenance Director.

10/3/2021 During daily rounds, the Maintenance Director and/or designee verifies the latches to garden gates are operable and functioning properly.

11/2/2021 and for up to 3 months- The POC and monitoring results are discussed and evaluated (for up to three months) by the ED and Coordinators at the monthly QAPI meeting to verify it is still effective.

Completion Date: 10/23/2021

Document Submission

Implemented

9/20/2021 The Senior Maintenance Director ordered a new latch for the exit in the gated garden that did not have a latch. A temporary lock was placed on the gate in the meantime while waiting for the new latch to be delivered.

10/3/2021 The new latch was delivered and installed on the gate by the Senior Maintenance Director.

10/3/2021 During daily rounds, the Maintenance Director and/or designee verifies the latches to garden gates are operable and functioning properly.

11/2/2021 and for up to 3 months- The POC and monitoring results are discussed and evaluated (for up to three months) by the ED and Coordinators at the monthly QAPI meeting to verify it is still effective.

105g - Lint Removal and Duct Cleaning

1. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 09/20/2021, there was an accumulation of lint in the lint trap of the home's commercial dryer. There were no clothes in the dryer at the time.

Plan of Correction

Accept

9/20/2021 The Maintenance Director immediately removed the lint from the lint trap in the dryer.

9/21/2021 The Maintenance Director completed a check of all dryers in the community to verify the lint traps were free of built up lint.

9/21/2021 During daily rounds of the community, the Maintenance Director and or designee checks the lint traps of each dryer in the community.

10/30/2021 Any team member who uses the dryer as part of their work shift will be retrained on emptying the lint trap after use of the dryer.

11/2/2021 and for up to 3 months- The POC and monitoring results are discussed and evaluated (for up to three months) by the ED and Coordinators at the monthly QAPI meeting to verify it is still effective.

Completion Date: 10/23/2021

105g - Lint Removal and Duct Cleaning (continued)

Document Submission

Implemented

9/20/2021 The Maintenance Director immediately removed the lint from the lint trap in the dryer.

9/21/2021 The Maintenance Director completed a check of all dryers in the community to verify the lint traps were free of built up lint.

9/21/2021 During daily rounds of the community, the Maintenance Director and or designee checks the lint traps of each dryer in the community.

10/30/2021 Any team member who uses the dryer as part of their work shift will be retrained on emptying the lint trap after use of the dryer.

11/2/2021 and for up to 3 months- The POC and monitoring results are discussed and evaluated (for up to three months) by the ED and Coordinators at the monthly QAPI meeting to verify it is still effective.

121a - Unobstructed Egress

1. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 09/20/2021 at 10:10 AM, a large metal dolly measuring approximately 2 1/2 feet wide, was placed in the hallway leading to an egress door to the garden. On the opposite wall, a chest of drawers measuring approximately 2 feet in width was present, significantly reducing the size of the available space. Residents using assistive devices or who require assistance with mobility would not be able to pass during an emergency.

On the landing of stairwell A of the 3rd floor, a box spring was leaning against the wall near the door at the top of the stairs.

Plan of Correction

Accept

9/20/2021 The metal dolly was immediately removed upon discovery from the hallway leading to the egress door to the garden.

9/20/2021 The chest of drawers was removed from the hallway.

9/20/2021 The box spring that was at the top of the 3rd floor stairwell was immediately moved from out of the stairwell.

9/20/2021 The Maintenance Director and the ED did rounds of the entire community to verify there was nothing else blocking egress doors, or in stairwells.

10/30/2021 The Maintenance Director, and/or designee will ensure during daily rounds of the community that there is nothing blocking egress doors or stairwells.

10/30/2021 The entire team will be retrained on not blocking doors of egress or placing anything in stairwell as well as fire safety and evacuations.

11/2/2021 and for up to 3 months- The POC and monitoring results are discussed and evaluated (for up to three

121a - Unobstructed Egress (continued)

months) by the ED and Coordinators at the monthly QAPI meeting to verify it is still effective.

Completion Date: 10/23/2021

Document Submission

Implemented

- 9/20/2021 The metal dolly was immediately removed upon discovery from the hallway leading to the egress door to the garden.
- 9/20/2021 The chest of drawers was removed from the hallway.
- 9/20/2021 The box spring that was at the top of the 3rd floor stairwell was immediately moved from out of the stairwell.
- 9/20/2021 The Maintenance Director and the ED did rounds of the entire community to verify there was nothing else blocking egress doors, or in stairwells.
- 10/30/2021 The Maintenance Director, and/or designee will ensure during daily rounds of the community that there is nothing blocking egress doors or stairwells.
- 10/30/2021 The entire team will be retrained on not blocking doors of egress or placing anything in stairwell as well as fire safety and evacuations.
- 11/2/2021 and for up to 3 months- The POC and monitoring results are discussed and evaluated (for up to three months) by the ED and Coordinators at the monthly QAPI meeting to verify it is still effective.

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 #5 is prescribed [redacted] and [redacted] as needed. On 09/21/2021, these medications were not available in the home.

Plan of Correction

Accept

- 9/21/2021 The Resident Care Director re-ordered resident #5's prescribed [redacted] [redacted] as needed medication. The resident did not experience any adverse effects to due the medication not being available.
- 10/22/2021 The procedures for re-ordering medications timely were reviewed with the medication care managers (MCM).
- 10/22/2021 During medication administration if the MCMs identify a medication that needs re-ordering it will be ordered during the shift.
- 10/22/2021 The MCM completed medication administration to cart audits weekly to check for missing medications and medications that need to be re-ordered.
- 10/22/2021 The RCD or designee completes medication administration to cart audits monthly to check for missing medications and medications that need to be re-ordered.

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

11/2/2021 and for up to 3 months- The POC and monitoring results are discussed and evaluated (for up to three months) by the ED and coordinators at the monthly Quality Management (QAPI) meeting to ensure it is still effective.

**Completion Date:** 10/23/2021

**Document Submission****Implemented**

9/21/2021 The Resident Care Director re-ordered resident #5's prescribed [REDACTED] and [REDACTED] as needed medication. The resident did not experience any adverse effects to due the medication not being available.

10/22/2021 The procedures for re-ordering medications timely were reviewed with the medication care managers (MCM).

10/22/2021 During medication administration if the MCMs identify a medication that needs re-ordering it will be ordered during the shift.

10/22/2021 The MCM completed medication administration to cart audits weekly to check for missing medications and medications that need to be re-ordered.

10/22/2021 The RCD or designee completes medication administration to cart audits monthly to check for missing medications and medications that need to be re-ordered.

11/2/2021 and for up to 3 months- The POC and monitoring results are discussed and evaluated (for up to three months) by the ED and coordinators at the monthly Quality Management (QAPI) meeting to ensure it is still effective.

**185b - Medication Procedures****1. Requirements**

2600.

185.b. At a minimum, the procedures must include:

2. A process to investigate and account for missing medications and medication errors.

**Description of Violation**

The home's controlled substances are counted by two staff at each shift change. The sign-out sheet for resident #6's Tramadol 50 mg indicates that this is not being done correctly. On 09/04/2021 at 08:05 AM, one was signed out and administered, leaving 29 pills. The next entry was 09/06/2021 at 09:37 AM (remaining count of 28), 09/07/2021 at 08:15 AM (remaining count of 27), and 09/08/2021 at 08:00 AM (remaining count of 26). The entry for 09/05/2021 at 08:00 AM administration (remaining count of 25) was found below 09/08/2021 entry.

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

9/22/2021 A review of narcotic count declining balance sheet was completed by the RCD or designee to verify proper documentation procedures are being followed.

9/22/2021 The procedures for narcotic count reconciliation was reviewed with the medication care managers (MCM).

10/22/2021 Controlled drugs are counted at the beginning and end of each shift by two authorized team members at the same time. Both team members sign the controlled drug count log in the appropriate box.

10/22/2021 The MCM complete medication administration to cart audits weekly to check for proper documentation of medication administration including administration of narcotics.

185b - Medication Procedures (continued)

10/22/2021 The RCD or designee completes medication administration check of carts weekly for one month and then biweekly for one month, and then monthly thereafter for proper documentation of medication administration including administration of narcotics.

11/2/2021 and for up to 3 months- The POC and monitoring results are discussed and evaluated (for up to three months) by the ED and Coordinators at the monthly QAPI meeting to verify it is still effective.

Completion Date: 10/23/2021

Document Submission

Implemented

9/22/2021 A review of narcotic count declining balance sheet was completed by the RCD or designee to verify proper documentation procedures are being followed.

9/22/2021 The procedures for narcotic count reconciliation was reviewed with the medication care managers (MCM).

10/22/2021 Controlled drugs are counted at the beginning and end of each shift by two authorized team members at the same

time. Both team members sign the controlled drug count log in the appropriate box.

10/22/2021 The MCM complete medication administration to cart audits weekly to check for proper documentation of medication administration including administration of narcotics.

10/22/2021 The RCD or designee completes medication administration check of carts weekly for one month and then biweekly for one month, and then monthly thereafter for proper documentation of medication administration including administration of narcotics.

11/2/2021 and for up to 3 months- The POC and monitoring results are discussed and evaluated (for up to three months) by the ED and Coordinators at the monthly QAPI meeting to verify it is still effective.

187b - Date/Time of Medication Admin.

1. Requirements

2600.

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

Description of Violation

Resident #6 is prescribed [redacted] as needed. Resident #6's September medication administration record (MAR) does not include the initials of the staff person who administered it on at 07:00 PM on 09/03, 05, 09, 15/2021. The same resident is prescribed Tramadol 50 mg every 6 hours as needed. The resident's September MAR does not include the initials of the staff who administered it at 08:00 AM on 09/11/2021 and at 07:00 PM on 09/12, 13, 14/2021.

Plan of Correction

Accept

9/21/2021 Resident #6 received the prescribed [redacted] every 6 hours as needed and the prescribed [redacted]

9/21/2021 The procedures for documenting administration of medication and a time of administration was reviewed with the medication care manager.

10/22/2021 A review of medication administration records was completed by the RCD or designee to verify proper documentation procedures are being followed.

10/22/2021 The procedures for documenting administration of medication and a time of administration was reviewed with the medication care managers (MCM).

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

10/22/2021 The MCM complete medication administration to cart audits weekly to check for proper documentation of medication administration.

10/30/2021 The RCD or designee completes medication administration to cart audits monthly to check for proper documentation of medication administration.

11/2/2021 and for up to 3 months- The POC and monitoring results are discussed and evaluated (for up to three months) by the ED and Coordinators at the monthly QAPI meeting to verify it is still effective.

Completion Date: 10/23/2021

Document Submission

Implemented

9/21/2021 Resident #6 received the prescribed [redacted] every 6 hours as needed and the prescribed [redacted].

9/21/2021 The procedures for documenting administration of medication and a time of administration was reviewed with the medication care manager.

10/22/2021 A review of medication administration records was completed by the RCD or designee to verify proper documentation procedures are being followed.

10/22/2021 The procedures for documenting administration of medication and a time of administration was reviewed with the medication care managers (MCM).

10/22/2021 The MCM complete medication administration to cart audits weekly to check for proper documentation of medication administration.

10/30/2021 The RCD or designee completes medication administration to cart audits monthly to check for proper documentation of medication administration.

11/2/2021 and for up to 3 months- The POC and monitoring results are discussed and evaluated (for up to three months) by the ED and Coordinators at the monthly QAPI meeting to verify it is still effective.

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

Resident #5 is prescribed [redacted] daily. The order says "Hold if Systolic Pressure is below 110." However, the resident was administered this medication on 09/20 and 09/21 without any record of a blood pressure reading.

Plan of Correction

Accept

9/22/2021 Resident #5 received the prescribed [redacted] daily and did not have any adverse effects.

9/22/2021 The procedures for documenting administration of medication and required blood pressure readings was reviewed with the MCM.

9/22/2021 A review of medication administration records was completed by the RCD or designee to verify proper documentation procedures are being followed.

187d - Follow Prescriber's Orders (continued)

10/22/2021 The MCM complete medication administration to cart audits weekly to check for proper documentation of medication administration.

10/22/2021 The RCD or designee completes medication administration to cart audits monthly to check for proper documentation of medication administration.

11/2/2021 and for up to 3 months-The POC and monitoring results are discussed and evaluated (for up to three months) by the ED and Coordinators at the monthly QAPI meeting to verify it is still effective.

Completion Date: 10/23/2021

Document Submission

Implemented

9/22/2021 Resident #5 received the prescribed [REDACTED] daily and did not have any adverse effects.

9/22/2021 The procedures for documenting administration of medication and required blood pressure readings was reviewed with the MCM.

9/22/2021 A review of medication administration records was completed by the RCD or designee to verify proper documentation procedures are being followed.

10/22/2021 The MCM complete medication administration to cart audits weekly to check for proper documentation of medication administration.

10/22/2021 The RCD or designee completes medication administration to cart audits monthly to check for proper documentation of medication administration.

11/2/2021 and for up to 3 months-The POC and monitoring results are discussed and evaluated (for up to three months) by the ED and Coordinators at the monthly QAPI meeting to verify it is still effectiv

191 - Resident Right to Refuse

1. Requirements

2600.

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

Description of Violation

Resident #2, admitted 03/22/2020, has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Plan of Correction

Accept

9/21/2021 The ED reviewed the contract and signed the one page that was not signed with resident #2 related to rights and right to refuse medication if the resident believes there has been an error. All else in the contract was already signed upon move in of the resident.

9/22/2021 The ED conducted a review of all resident contracts and verified all required signatures were in place.

9/22/2021 Prior to, or within 24 hours of a resident moving into the community, the ED reviews and explains the contents of the contract to the resident and the resident's designated person, if any. Signatures are documented on the contract.

9/22/2021 Within 24 hours after a resident's admission, the DOS reviews the contract for completeness.

191 - Resident Right to Refuse (continued)

11/2/2021 and for up to 3 months- The POC and monitoring results are discussed and evaluated (for up to three months) by the ED and Coordinators at the monthly QAPI meeting to verify it is still effective.

**Completion Date:** 10/23/2021

**Document Submission**

**Implemented**

Accept

9/21/2021 The ED reviewed the contract and signed the one page that was not signed with resident #2 related to rights and right to refuse medication if the resident believes there has been an error. All else in the contract was already signed upon move in of the resident.

9/22/2021 The ED conducted a review of all resident contracts and verified all required signatures were in place.

9/22/2021 Prior to, or within 24 hours of a resident moving into the community, the ED reviews and explains the contents of the contract to the resident and the resident's designated person, if any. Signatures are documented on the contract.

9/22/2021 Within 24 hours after a resident's admission, the DOS reviews the contract for completeness.

11/2/2021 and for up to 3 months- The POC and monitoring results are discussed and evaluated (for up to three months) by the ED and Coordinators at the monthly QAPI meeting to verify it is still effective.

227d - Support Plan Medical/Dental

1. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

**Description of Violation**

The RASP for resident #7, dated [REDACTED] indicates the resident has a need for impaired hearing with an intervention instruction of "Observe for and report any changes in my hearing" but does not indicate a frequency or responsible party. For the same resident's need for engaging in social and leisure activities. it does not indicate an intervention/plan or frequency.

**Plan of Correction**

**Accept**

9/22/2021 Resident #7's support plan was updated to with complete interventions to include frequency and responsible party for the residents impaired hearing and social and leisure activity needs.

10/30/2021 An audit of support plans is being completed to verify complete interventions are in place that include frequency and responsible party.

9/22/2021 A review was conducted with the RCD and Care Coordinator of the required components that must be included as part of the support plan.

10/30/2021 When support plans are updated the RCD and Care Coordinators review the support plans to verify interventions to include frequency and responsible party for the resident needs.

11/2/2021 and up to 3 months- The POC and monitoring results are discussed and evaluated (for up to three

227d - Support Plan Medical/Dental (continued)

months) by the ED and Coordinators at the monthly QAPI meeting to verify it is still effective.

Completion Date: 10/23/2021

Document Submission

Implemented

9/22/2021 Resident #7's support plan was updated to with complete interventions to include frequency and responsible party for the residents impaired hearing and social and leisure activity needs.

10/30/2021 An audit of support plans is being completed to verify complete interventions are in place that include frequency and responsible party.

9/22/2021 A review was conducted with the RCD and Care Coordinator of the required components that must be included as part of the support plan.

10/30/2021 When support plans are updated the RCD and Care Coordinators review the support plans to verify interventions to include frequency and responsible party for the resident needs.

11/2/2021 and up to 3 months- The POC and monitoring results are discussed and evaluated (for up to three months) by the ED and Coordinators at the monthly QAPI meeting to verify it is still effective

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

Resident #9's support plan dated [REDACTED] was signed but not dated by the resident and resident's representative payor.

Plan of Correction

Accept

9/22/2021 The ED met with resident #8 to review the support plan and obtain a signature and date.

9/22/2021 The ED met with resident #9 and the resident's representative payor to review the support plan and obtain a signature and date.

10/30/2021 The Care 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.

10/30/2021 The ED reviewed the procedure to be followed with the Care Coordinators for obtaining signatures and dates for those that participated in the development of the support plan.

10/30/2021 The Care 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.

11/2/2021 and for up to 3 months- The POC and monitoring results are discussed and evaluated (for up to three months) by the ED and Coordinators at the monthly QAPI meeting to verify it is still effective.

Completion Date: 10/23/2021

227g -Support Plan Signatures (continued)

Document Submission

Implemented

9/22/2021 The ED met with resident #8 to review the support plan and obtain a signature and date.

9/22/2021 The ED met with resident #9 and the resident's representative payor to review the support plan and obtain a signature and date.

10/30/2021 The Care 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.

10/30/2021 The ED reviewed the procedure to be followed with the Care Coordinators for obtaining signatures and dates for those that participated in the development of the support plan.

10/30/2021 The Care 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.

11/2/2021 and for up to 3 months- The POC and monitoring results are discussed and evaluated (for up to three months) by the ED and Coordinators at the monthly QAPI meeting to verify it is still effective.

234c - Support Plan Responsible Person

1. Requirements

2600.

234.c. The support plan must identify the individual responsible to address the resident's needs.

Description of Violation

The support plan dated [redacted] for resident #10 does not identify the individual responsible for addressing the resident's needs, including [redacted].

Plan of Correction

Accept

[redacted] Resident #10's support plan was updated to with complete interventions to include responsible party to meet the resident's needs for [redacted].

[redacted] An audit of support plans is being completed to verify complete interventions are in place that include responsible party.

[redacted] A review was conducted with the RCD and Care Coordinator of the required components that must be included as part of the support plan.

[redacted] When support plans are updated the RCD and Care Coordinators review the support plans to verify interventions to include responsible party to meet resident needs.

11/2/2021 and for up to 3 months- The POC and monitoring results are discussed and evaluated (for up to three months) by the ED and Coordinators at the monthly QAPI meeting to verify it is still effective.

Completion Date: 10/23/2021

Document Submission

Implemented

[redacted] Resident #10's support plan was updated to with complete interventions to include responsible party to meet the resident's needs for [redacted].

234c - Support Plan Responsible Person (continued)

10/30/2021 An audit of support plans is being completed to verify complete interventions are in place that include responsible party.

10/30/2021 A review was conducted with the RCD and Care Coordinator of the required components that must be included as part of the support plan.

10/30/2021 When support plans are updated the RCD and Care Coordinators review the support plans to verify interventions to include responsible party to meet resident needs.

11/2/2021 and for up to 3 months- The POC and monitoring results are discussed and evaluated (for up to three months) by the ED and Coordinators at the monthly QAPI meeting to verify it is still effective.

251b - Record Entries Legible

1. Requirements

2600.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

On the Controlled Substance log in file

for [redacted] for resident #1, the time of the administration was crossed out on line 10.

for [redacted] for resident #11, the date is written over on line 11, 18, 19. and 25.

Plan of Correction

Accept

9/22/2021 A review Controlled Substance logs was conducted to verify corrections made are permanent, legible, dated and signed by the staff person making the entry.

10/30/2021 The RCD provided re-education to the team members of the Wellness Department on how to properly correct a medication administration record, to include controlled substance logs.

10/30/2021 The MCMs conduct weekly medication cart audits and review the controlled substances logs to verify any corrections made are permanent, legible, dated and signed by the staff person making the entry.

10/30/2021 The RCD conducts medication cart audits weekly for 1 month, then biweekly for 1 month, and then monthly to review the controlled substances logs to verify any corrections made are permanent, legible, dated and signed by the staff person making the entry.

11/2/2021 and for up to 3 months- The POC and monitoring results are discussed and evaluated (for up to three months) by the ED and Coordinators at the monthly QAPI meeting to verify it is still effective.

Completion Date: 10/23/2021

Document Submission

Implemented

9/22/2021 A review Controlled Substance logs was conducted to verify corrections made are permanent, legible, dated and signed by the staff person making the entry.

10/30/2021 The RCD provided re-education to the team members of the Wellness Department on how to properly correct a medication administration record, to include controlled substance logs.

10/30/2021 The MCMs conduct weekly medication cart audits and review the controlled substances logs to verify

251b - Record Entries Legible (continued)

any corrections made are permanent, legible, dated and signed by the staff person making the entry.

10/30/2021 The RCD conducts medication cart audits weekly for 1 month, then biweekly for 1 month, and then monthly to review the controlled substances logs to verify any corrections made are permanent, legible, dated and signed by the staff person making the entry.

11/2/2021 and for up to 3 months- The POC and monitoring results are discussed and evaluated (for up to three months) by the ED and Coordinators at the monthly QAPI meeting to verify it is still effective.

252 - Record Content

1. Requirements

2600.

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

- 3. A photograph of the resident that is no more than 2 years old.

Description of Violation

At the time of medication audit on [REDACTED], resident #5's record did not include a photograph of the resident.

Plan of Correction

Accept

9/21/2021 The PCC immediately located resident #5 and took the resident's picture and uploaded it to the record.

9/21/2021 The ED reviewed with the PCC and the Reminiscence Coordinator the requirements for a resident photograph needing to be available as part of the resident record and no more than two years old.

9/21/2021 Upon move-in and at a minimum bi-annually the Care Coordinators take the residents photographs and upload them into the resident's electronic health record.

9/30/2021 The ED and Care Coordinators review at the weekly interdisciplinary meeting to verify all new residents have photographs updated to their record.

11/2/2021 and for up to 3 months- The POC and monitoring results are discussed and evaluated (for up to three months) by the ED and Coordinators at the monthly QAPI meeting to verify it is still effective.

Completion Date: 10/23/2021

Document Submission

Implemented

9/21/2021 The PCC immediately located resident #5 and took the resident's picture and uploaded it to the record.

9/21/2021 The ED reviewed with the PCC and the Reminiscence Coordinator the requirements for a resident photograph needing to be available as part of the resident record and no more than two years old.

9/21/2021 Upon move-in and at a minimum bi-annually the Care Coordinators take the residents photographs and upload them into the resident's electronic health record.

9/30/2021 The ED and Care Coordinators review at the weekly interdisciplinary meeting to verify all new residents have photographs updated to their record.

11/2/2021 and for up to 3 months- The POC and monitoring results are discussed and evaluated (for up to three months) by the ED and Coordinators at the monthly QAPI meeting to verify it is still effective.

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**

On 09/20/2021 at 09:45 AM, one of the two laundry rooms on the home's SDCU unit had a sock wedged between the door, leaving it unlocked. Inside were 3 plastic bins full of toiletry items including Inzo Skin Protectant Cream and mouthwash with a label indicating "if swallowed, get medical help or contact poison control" unattended and accessible. On 09/21/2021, resident room #302 for resident [REDACTED] had a mouth wash unlocked, unattended, and accessible in the cupboard above the kitchen sink. Resident room #304 for resident [REDACTED] had a Gold Bond Aloe cream in the cabinet under the bathroom sink. Not all residents including resident #3 and #4 have been assessed capable of recognizing and using poisons safely.

Repeat Violation: 10/21/2020

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

9/20/2021 The laundry room door of the secured dementia care unit (Reminiscence neighborhood) with the bins of toiletry items was immediately shut and locked by the team.

9/21/2021 The mouth wash was taken out of the room #302 and secured.

9/21/2021 The Gold Bond Aloe cream was taken out of the room #304 and secured.

9/21/2021 The Reminiscence Coordinator did a tour of resident rooms and common areas to ensure no other poisonous materials were found in resident's rooms.

10/30/2021 Team members will be retrained on securing and locking doors where there are poisonous and hazardous materials stored. Team members will also be retrained on identifying and locking any poisonous materials in apartments and common areas.

9/21/2021 During daily rounds the Reminiscence Coordinator or designee will ensure all poisonous materials are secured in both resident rooms and common areas.

11/2/2021 and for up to 3 months-The POC and monitoring results are discussed and evaluated (for up to three months) by the ED and Coordinators at the monthly QAPI meeting to verify it is still effective.

**Completion Date:** 10/23/2021

**Document Submission****Implemented**

9/20/2021 The laundry room door of the secured dementia care unit (Reminiscence neighborhood) with the bins of toiletry items was immediately shut and locked by the team.

9/21/2021 The mouth wash was taken out of the room #302 and secured.

9/21/2021 The Gold Bond Aloe cream was taken out of the room #304 and secured.

9/21/2021 The Reminiscence Coordinator did a tour of resident rooms and common areas to ensure no other poisonous materials were found in resident's rooms.

10/30/2021 Team members will be retrained on securing and locking doors where there are poisonous and

**82c - Locking Poisonous Materials (continued)**

*hazardous materials stored. Team members will also be retrained on identifying and locking any poisonous materials in apartments and common areas.*

*9/21/2021 During daily rounds the Reminiscence Coordinator or designee will ensure all poisonous materials are secured in both resident rooms and common areas.*

*11/2/2021 and for up to 3 months-The POC and monitoring results are discussed and evaluated (for up to three months) by the ED and Coordinators at the monthly QAPI meeting to verify it is still effective.*