Department of Human Services
Bureau of Human Service Licensing

December 15, 2021

[redacted], ADMINISTRATOR
[redacted]

RE: SUNRISE OF HAVERFORD
217 WEST MONTGOMERY AVENUE
HAVERFORD, PA, 19041
LICENSE/COC#: 14492

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,

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 OF HAVERFORD* **License #**: *14492* **License Expiration**:

Address: *217 WEST MONTGOMERY AVENUE, HAVERFORD, PA 19041*

County: *DELAWARE* **Region**: *SOUTHEAST*

Administrator

Name: [redacted] **Phone**: *6108969777* **Email**: [redacted]

Legal Entity

Name: *SZR HAVERFORD AL OPCO LLC*

Address: *7902 WESTPARK DRIVE, MCLEAN, VA, 22102*

Phone: *6108969777* **Email**: [redacted]

Certificate(s) of Occupancy

Type: *I-2* **Date**: *11/20/1997* **Issued By**: *Lower Merion Township*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *85* **Waking Staff**: *64*

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: *98* **Residents Served**: *50*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *reminiscence* **Capacity**: *25* **Residents Served**: *15*

Hospice

Current Residents: *11*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *51*

Diagnosed with Mental Illness: *1*

Diagnosed with Intellectual Disability: *1*

Have Mobility Need: *35*

Have Physical Disability: *1*

Inspection Dates and Department Representative *(continued)*

Inspections / Reviews

09/20/2021 - Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *10/18/2021*

10/29/2021 - POC Submission

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *11/05/2021*

09/20/2021 - Document Submission

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

85a - Sanitary Conditions

Physical Site

1. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

Resident #4 is prescribed accuchecks daily at 7:30am and 4:30pm. Resident #4's medication administration records shows a reading on 9/15/21 at 4:30pm of 189 that is not on resident #4's glucometer.

Plan of Correction ***Accept***

Immediately following the state surveyor in the community, the Resident Care Director (RCD) checked that each resident prescribed accuchecks had their own correctly calibrated and labeled glucometer.

The Executive Director (ED) purchased hardcover cases to store resident glucometers and supplies.

The RCD labeled each case with residents' full name and labeled each glucometer with the residents' initials and room number.

The RCD educated the Wellness team (nurses and medication care managers) on verifying that glucometers are to be used for only the resident on the corresponding label.

The wellness staff, including the RCD, the wellness nurses and the MCMs complete monthly glucometer audits for each accucheck machine to verify each case is labeled with the residents' full name and each glucometer is labeled with the residents' initials and room number.

The POC and monitoring results are discussed and evaluated (for up to three months) by the Executive Director and Coordinators at the monthly Quality Management (QAPI) meeting to verify it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

Completion Date: *10/25/2021*

Document Submission ***Implemented***

The RCD has re-educated the Wellness team (nurses and medication care managers) on verifying that glucometers are to be used for only the resident on the corresponding label

Completion Date: *10/25/2021*

85e - Trash Outside Home

Physical Site

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 9/20/21 at 11:10AM, the outdoor dumpster lids were open and not in use.

Physical Site *(continued)*

Plan of Correction ***Accept***

The Maintenance Coordinator (MC) immediately transferred items from the recycling dumpster to a less full dumpster. This allowed for the lids on both dumpsters to close securely.

The MC has ordered another dumpster for the community and continues to work with the waste management company to develop a schedule for waste pick up to meet the needs of the community. The MC arranges additional scheduled waste pick up as needed.

The MC and the DSC (Dietary Services Coordinator) educated staff on the importance of keeping the dumpster lids closed when not in use and using both dumpsters so that the waste is evenly distributed allowing for the lids to close fully.

The MC and/or designee checks the dumpster area during a daily walk through of the community grounds to verify the dumpster lids are closed and secured.

The POC and monitoring results are discussed and evaluated (for up to three months) by the Executive Director and Coordinators at the monthly Quality Management (QAPI) meeting to verify it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

Completion Date: *10/25/2021*

Document Submission ***Implemented***

The MC and the DSC (Dietary Services Coordinator) educated staff on the importance of keeping the dumpster lids closed when not in use and using both dumpsters so that the waste is evenly distributed allowing for the lids to close fully.
Completion Date: *10/25/2021*

86b - Bathroom

Physical Site

1. Requirements

2600.
86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

The following resident bathrooms do not have an operable ventilation fan or window: Rooms 105, 116, 220, 223, 304.

Plan of Correction ***Accept***

The MC contacted HVAC company to come out to the community and inspect the fans in each resident bathroom. The rooftop motor was replaced, fixing the issue in the resident bathrooms.

The MC checks the roof unit monthly as preventative maintenance.

The POC and monitoring results are discussed and evaluated (for up to three months) by the Executive Director and Coordinators at the monthly Quality Management (QAPI) meeting to verify it is still effective. If it is no longer

Physical Site (continued)

effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

Completion Date: *10/25/2021*

Document Submission ***Implemented***

The MC contacted HVAC company to come out to the community and inspect the fans in each resident bathroom. The rooftop motor was replaced, fixing the issue in the resident bathrooms.

Completion Date: *10/14/2021*

91 - Telephone Numbers

Physical Site

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

On 9/20/21 at 1:45PM, There were no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in bedroom 223.

Plan of Correction ***Accept***

A list of emergency telephone numbers was immediately placed on the phone in room 223.
The MC and the Resident Care Coordinator (RCC) audited each resident room to ensure a list of emergency telephone numbers were in place on each resident's phone.

The ED provided education to the team members in the community in the monthly Town Hall Meeting regarding the regulation to have emergency telephone numbers posted on each resident phone.

Families will be notified in weekly communication from Executive Director regarding the need for management team to be notified if they plan on bringing in an additional or replacement phone for a resident. Additionally, ED or designee will discuss with new families during the move-in process the requirement for all phones to have emergency phone numbers posted, and to alert a member of the management team if they plan on bringing their own phone (in addition or in place of the one provided).

Telephones are provided to the residents upon moving in if requested. The the landline phone is on the move-in checklist to verify the phone has been placed in the room with the emergency telephone numbers sticker prior to a new resident's move into the community.

The MC or designee audits landline phones in the community once per month to verify that emergency telephone number stickers have been placed on or near the phone.

The POC and monitoring results are discussed and evaluated (for up to three months) by the Executive Director and Coordinators at the monthly Quality Management (QAPI) meeting to verify it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

Physical Site (continued)

Completion Date: *10/25/2021*

Document Submission ***Implemented***

The ED provided education to the team members in the community in the monthly Town Hall Meeting regarding the regulation to have emergency telephone numbers posted on each resident phone.

Completion Date: *10/25/2021*

103f - Refrigerator/Freezer Temps

Physical Site

1. Requirements

2600.
103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 9/20/21 at 10:30AM, there was not a thermometer in the ice cream freezer.

Plan of Correction ***Accept***

A thermometer was immediately placed in the ice cream freezer.

All refrigerators and freezers in the community were immediately audited by the DSC to verify that all had thermometers.

The DSC provided education to the kitchen staff to place the thermometer back in the ice cream freezer after each cleaning.

The ED provided education to the team members during the monthly Town Hall Meeting regarding the regulation to have thermometer present in all refrigerators and freezers in the community.

The DSC or designee confirms a thermometer is present during daily walk through of kitchen area.

The POC and monitoring results are discussed and evaluated (for up to three months) by the Executive Director and Coordinators at the monthly Quality Management (QAPI) meeting to verify it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

Completion Date: *10/25/2021*

Document Submission ***Implemented***

The DSC provided education to the kitchen staff to place the thermometer back in the ice cream freezer after each cleaning.

The ED provided education to the team members during the monthly Town Hall Meeting regarding the regulation to have thermometer present in all refrigerators and freezers in the community.

Completion Date: *10/25/2021*

103g - Storing Food

Physical Site

1. Requirements

2600.
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

On 9/20/21 at 10:30AM, there were 5 unsealed tubs of ice cream in the ice cream freezer.

Plan of Correction ***Accept***

The DSC immediately placed all lids on ice cream tubs in ice cream freezer.

The DSC immediately conducted audit of all foods to ensure all containers were sealed and closed.

The DSC added signage above the ice cream freezer reminding staff that all lids must be placed back on the tubs after each staff member is done scooping.

The DSC ordered plastic, washable lids to replace the cardboard lids that come with the containers and are bent out of shape and don't go back on the tubs tightly/correctly.

The DSC provided education to the kitchen staff to inform them of the new lids that have been ordered, the signage that was placed on the ice cream freezer and the expectation that lids be placed back on the ice cream tubs in ice cream freezer after use.

The ED provided education to the team members during the monthly Town Hall Meeting regarding the regulation to have all food stored in closed and sealed containers.

The DSC or designee conducts a daily walk through of the kitchen to verify all food is stored in a sealed and closed container.

The POC and monitoring results are discussed and evaluated (for up to three months) by the Executive Director and Coordinators at the monthly Quality Management (QAPI) meeting to verify it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

Completion Date: *10/25/2021*

Document Submission ***Implemented***

The DSC provided education to the kitchen staff to inform them of the new lids that have been ordered, the signage that was placed on the ice cream freezer and the expectation that lids be placed back on the ice cream tubs in ice cream freezer after use.

The ED provided education to the team members during the monthly Town Hall Meeting regarding the regulation to have all food stored in closed and sealed containers.
Completion Date: *10/25/2021*

103i - Outdated Food

Physical Site

1. Requirements

2600.
103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

On 9/20/21 at 10:25AM, in the main kitchen walk in freezer there were opened, undated bags of frozen burgers and frozen salmon.

On 9/20/21 at 11AM, In the reminiscence kitchen there was a container of pudding dated for expiration on 9/13/21.

Plan of Correction ***Accept***

The bags of frozen burgers and frozen salmon were immediately disposed of.

The container of pudding was immediately disposed of.

The DSC audited food stored in the community to verify that food was labeled and dated, and there were no expired foods within the community.

The DSC conducted an inservice on September 26, 2021, with all Dining Team Members. This inservice educated staff on the labeling and dating policy.

The ED provided education to the team members during the monthly Town Hall Meeting regarding the regulation to have all food labeled and dated and stored within expiration dates.

The DSC or designee conducts a daily walk through of the kitchen to ensure all food labeled, dated and not expired.

The POC and monitoring results are discussed and evaluated (for up to three months) by the Executive Director and Coordinators at the monthly Quality Management (QAPI) meeting to verify it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

Completion Date: *10/25/2021*

Document Submission ***Implemented***

The DSC conducted an inservice on September 26, 2021, with all Dining Team Members. This inservice educated staff on the labeling and dating policy.

The ED provided education to the team members during the monthly Town Hall Meeting regarding the regulation to have all food labeled and dated and stored within expiration dates.
Completion Date: *10/25/2021*

162c - Menus Posted

Nutrition

1. Requirements

Nutrition *(continued)*

2600.
162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

On 9/20/21, The home's menu for the week of 9/19/21 to 9/25/21 was not posted.

Plan of Correction ***Accept***

The DSC immediately put the community menus back in the elevator display case.

The DSC or designee post two weeks of menus in the elevator display case.

The DSC or designee conducts a daily walk through to verify menus are posted in the community.

The POC and monitoring results are discussed and evaluated (for up to three months) by the Executive Director and Coordinators at the monthly Quality Management (QAPI) meeting to verify it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

Completion Date: *10/25/2021*

Document Submission ***Implemented***

The DSC immediately put the community menus back in the elevator display case.
Completion Date: *09/20/2021*

183d - Prescription Current

Medications

1. Requirements

2600.
183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

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

Plan of Correction ***Accept***

Resident #2's Biofreeze was immediately removed from the medication cart.

The RCD and designees completed a medication to cart audit to verify any discontinued medications were removed.

When a medication is discontinued the RCD or designee verifies the medication is removed from the medication cart.

The nurses remove any discontinued medications during their weekly medication cart audits and the RCD removes any discontinued medications during the monthly medication cart audits.

The POC and monitoring results are discussed and evaluated (for up to three months) by the Executive Director and Coordinators at the monthly Quality Management (QAPI) meeting to verify it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not

Medications (continued)

occur again.

Completion Date: *10/25/2021*

Document Submission ***Implemented***

Medication Cart Audits

Completion Date: *11/27/2021*

184a - Labeling OTC/CAM

Medications

1. Requirements

2600.

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

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

Description of Violation

Resident #1 is prescribed [redacted] *by mouth one time a day. However, the medication label reads give twice daily.*

Resident #2 is prescribed [redacted] *tablet* [redacted] *give* [redacted] *by mouth three times a day, however the medication label reads give every 8 hours as needed.*

Resident #3 is prescribed [redacted] *give 2 tablets by mouth every 6 hours as needed for fever and pain, however the medication label reads give every 4 hours as needed.*

Plan of Correction ***Accept***

Immediately following the surveyor's findings, medication directions were fixed for the following prescriptions: Resident #1's [redacted].

The RCD and designees completed a medication to cart audit to verify medication labels match the medication orders.

The RCD has re-educated the Wellness team on "3 Checks and 5 Rights" and using change of direction stickers temporarily on medication containers that do not match the directions given on the eMAR.

Wellness Nurses compare directions on medications to the orders during their weekly cart audits and the RCD compares directions on medications to the orders during monthly cart audits.

The POC and monitoring results are discussed and evaluated (for up to three months) by the Executive Director and Coordinators at the monthly Quality Management (QAPI) meeting to verify it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

Medications (continued)

Completion Date: *10/25/2021*

Document Submission ***Implemented***

The RCD has re-educated the Wellness team on "3 Checks and 5 Rights" and using change of direction stickers temporarily on medication containers that do not match the directions given on the eMAR.

Completion Date: *10/25/2021*

185a - Implement Storage Procedures

Medications

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

On 9/21/21 at 10:35AM, Resident #1's glucometer was calibrated to 9/21/21 at 8:35AM.

Resident #1 is prescribed accuchecks twice daily at 7:30AM and 4:30PM. The reading on 9/9/21 at 4:30 PM was 104, however it was documented as 110.

Resident #1 is prescribed Keflex capsule give 2 gram by mouth as needed. However, it is unavailable in the home.

Resident #2 is prescribed the following as needed medications that are not available in the home: Acetaminophen tab 325mg for fever, Acetaminophen tab 325mg for fever, and GuaiFenesin Liquid 100mg/5ml.

Resident #3 is prescribed accuchecks twice daily. The reading on 9/13/21 at 4:30PM was 127, however it was documented as 124.

On 9/21/21 at 9:49AM, Resident #3's glucometer as calibrated to 9/21/21 at 8:00AM.

On 9/21/21 at 9:26AM, Resident #4's glucometer as calibrated to 9/20/21 at 9:26PM.

Plan of Correction ***Accept***

Immediately following the surveyor's findings, the following was fixed: Resident #1's [redacted] was ordered STAT to the pharmacy, Resident #2's [redacted] were ordered STAT to the pharmacy, Resident #1, #3 and #4's glucometers were correctly calibrated.

The RCD and designees completed a medication to cart audit to verify medications are available per orders and glucometers were calibrated.

The RCD re-educated the Wellness team on the process of correctly documenting accuchecks and ensuring that each glucometer is correctly calibrated prior to using. The RCD has also re-educated the Wellness team on how and when to place medication reorders (three days from the medication running out).

The MCMs discuss the medications they reordered during their shift at the crossover meeting with the MCM taking over their cart.

Medications (continued)

The Wellness nurses check that each glucometer in the community is calibrated correctly, and medications are available as per orders during the weekly medication cart audits and the RCD check that each glucometer in the community is calibrated correctly, and medications are available as per orders during the monthly cart audits.

The POC and monitoring results are discussed and evaluated (for up to three months) by the Executive Director and Coordinators at the monthly Quality Management (QAPI) meeting to verify it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

Completion Date: *10/25/2021*

Document Submission ***Implemented***

The RCD and designees completed a medication to cart audit to verify medications are available per orders and glucometers were calibrated.
The RCD re-educated the Wellness team on the process of correctly documenting accuchecks and ensuring that each glucometer is correctly calibrated prior to using. The RCD has also re-educated the Wellness team on how and when to place medication reorders (three days from the medication running out).
Completion Date: *10/25/2021*

187b - Date/Time of Medication Admin.

Medications

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 #2 is prescribed [redacted] *and* [redacted] *daily for 14 days. Resident #2's medication administration record does not include the initials of the staff person who administered on day 5, 9/17/21.*

Plan of Correction ***Accept***

The RCD re-educated the Wellness team on and the process of correctly documenting at the time a medication/treatment is administered. The RCD included the process for informing the resident's physician if a medication is missed and how to correctly document that the call to the physician took place.

MCM's will review all resident's eMAR at shift crossover with the MCM taking over the cart for the next shift. The MCM's will review any medication records that were not initialed in the eMAR system by the MCM as being administered. If the MCM gave a medication but forgot to document it, this will be discovered at this crossover meeting and they will take the appropriate action to correct their documentation.

Daily at management stand-up meeting, ED, RCD or designee will review eMAR dashboard to ensure that medication administration has been documented correctly and take appropriate action.

The POC and monitoring results are discussed and evaluated (for up to three months) by the Executive Director and Coordinators at the monthly Quality Management (QAPI) meeting to verify it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not

Medications (continued)

occur again.

Completion Date: *10/25/2021*

Document Submission ***Implemented***

The RCD re-educated the Wellness team on and the process of correctly documenting at the time a medication/treatment is administered. The RCD included the process for informing the resident's physician if a medication is missed and how to correctly document that the call to the physician took place.

Completion Date: *10/25/2021*

187c - Refusal of Medication

Medications

1. Requirements

2600.

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

Description of Violation

Resident #1 is prescribed accuchecks twice daily at 7:30AM and 4:30PM. On 9/7/21 at 7:30AM the resident refused the accucheck. The refusal was not reported to the prescriber.

Resident #4 is prescribed accuchecks daily at 7:30AM and 4:30PM. On 9/14/21 at 4:30PM the resident refused the accucheck. The refusal was not reported to the prescriber.

Medications *(continued)*

Plan of Correction ***Accept***

The RCD re-educated the Wellness team the process of correctly informing a resident's physician anytime a medication is missed.

The RCD has put a process into place by which the wellness nurse on duty must review all medication refused by residents each day and double check that the MCM either called the physician themselves or alerted a nurse/RCD of the refusal and they placed the call to the physician to inform.

The RCD and designee conducted a review of medication administration records for proper documentation of resident refusals and unavailable medications. The RCD provided retraining to all MCMs on proper documentation of resident refusals and unavailable medications.

The RCD or designee review the electronic MAR to verify refusals of medications is reported to the prescriber within 24 hours.

The POC and monitoring results are discussed and evaluated (for up to three months) by the Executive Director and Coordinators at the monthly Quality Management (QAPI) meeting to verify it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

Completion Date: *10/25/2021*

Document Submission ***Implemented***

The RCD re-educated the Wellness team the process of correctly informing a resident's physician anytime a medication is missed.
Completion Date: *10/25/2021*

187d - Follow Prescriber's Orders

Medications

1. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 is prescribed accuchecks twice daily. The readings on 9/2/21 at 4:30PM of 118 was not on his glucometer or any other glucometers in the home.

Resident #1 is prescribed [redacted] *give 1 capsule by mouth every 8 hours. However, it was not given on 9/12/21 at 6AM, after being given at 10PM on 9/11/21.*

Plan of Correction ***Accept***

The RCD re-educated the Wellness team on the process of correctly documenting accuchecks and ensuring that each glucometer is correctly calibrated prior to using.

The MCM's review resident's eMAR at shift crossover with the MCM taking over the cart for the next shift so that they can verify proper documentation.

Medications (continued)

The Wellness nurses check the accuracy of documentation during their weekly medication cart audits and the RCD will do the same during the monthly cart audits.

The POC and monitoring results are discussed and evaluated (for up to three months) by the Executive Director and Coordinators at the monthly Quality Management (QAPI) meeting to verify it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

Completion Date: *10/25/2021*

Document Submission ***Implemented***

The RCD re-educated the Wellness team on the process of correctly documenting accuchecks and ensuring that each glucometer is correctly calibrated prior to using.

The RCD re-educated the Wellness team on how and when to place medication reorders. The wellness nurses will check that prescribed medications are in the community during their monthly medication cart audits and the RCD will do the same during her quarterly cart audits.

Completion Date: *10/25/2021*

2. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #3 is prescribed [redacted] *give 1 tablet by mouth one time a day, however on 9/21/21 it was not available in the home.*

Medications *(continued)*

Plan of Correction ***Accept***

Immediately following the surveyor's findings, the following was fixed: Resident [redacted] was ordered STAT to the pharmacy.

The RCD and designees completed a medication to cart audit to verify medications are available per orders.

The RCD re-educated the Wellness team on how and when to place medication reorders. The wellness nurses will check that prescribed medications are in the community during their monthly medication cart audits and the RCD will do the same during her quarterly cart audits.

The MCMs discuss the medications they reordered during their shift at the crossover meeting with the MCM taking over their cart.

The Wellness nurses check that each glucometer in the community is calibrated correctly, and medications are available as per orders during the weekly medication cart audits and the RCD check that each glucometer in the community is calibrated correctly, and medications are available as per orders during the monthly cart audits.

The POC and monitoring results are discussed and evaluated (for up to three months) by the Executive Director and Coordinators at the monthly Quality Management (QAPI) meeting to verify it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

Completion Date: *10/25/2021*

Document Submission ***Implemented***

The RCD re-educated the Wellness team on the process of correctly documenting accuchecks and ensuring that each glucometer is correctly calibrated prior to using.

The RCD re-educated the Wellness team on how and when to place medication reorders. The wellness nurses will check that prescribed medications are in the community during their monthly medication cart audits and the RCD will do the same during her quarterly cart audits.

Completion Date: *10/25/2021*