

Department of Human Services
Bureau of Human Service Licensing

February 3, 2022

[REDACTED], ADMINISTRATOR

RE: ST. MARY VILLA FOR INDEPENDENT
& RETIREMENT LIVING
701 LANSDALE AVENUE
LANSDALE, PA, 19446
LICENSE/CO# #: 14107

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 09/28/2021, 09/28/2021 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

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

Sincerely,

[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *ST. MARY VILLA FOR INDEPENDENT & RETIREMENT LIVING* License #: *14107* License Expiration: *11/03/2022*
Address: *701 LANSDALE AVENUE, LANSDALE, PA 19446*
County: *MONTGOMERY* Region: *SOUTHEAST*

Administrator

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

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *08/05/1992* Issued By: *Labor & Industry*

Staffing Hours

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

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *09/29/2021*

Inspection Dates and Department Representative

09/28/2021 - On-Site: [REDACTED]

09/28/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *90* Residents Served: *58*

Secured Dementia Care Unit

In Home: *Yes* Area: *Memory Care* Capacity: *20* Residents Served: *18*

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *58*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *18* Have Physical Disability: *0*

Inspections / Reviews

09/28/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *12/17/2021*

02/03/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *02/08/2022*

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

Personal care and assisted living homes must post the required influenza information in a public place in the home year-round as required by the Influenza Awareness Act (HB 1785). On 9/29/21, the home did not have an influenza poster anywhere.

Plan of Correction

Accept

1. Personal care and assisted living homes must post the required influenza information in a public place in the home year-round as required by the Influenza Awareness Act (HB 1785). Clinical Director posted the required influenza information within the PCU. Clinical team was educated on the purpose for posting influenza information. Clinical Director will complete routine rounds to ensure Influenza information is posted.

Completion Date: 09/29/2021

25a - Written Contract and Review

1. Requirements

2600.

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

Description of Violation

Resident 3, admitted on [REDACTED], did not have a resident-home contract.

Plan of Correction

Directed

2. Resident 3, admitted on [REDACTED], did not have a resident-home contract. Information could not be located in the resident chart. Clinical Director completed a new contract with the resident and placed in the electronic medical record.

Directed

Within 30 days of receipt of the accepted plan of correction: The administrator will review all current resident records to ensure there is a resident-home contract in place for all residents. All staff persons involved with resident admissions will be educated that prior to admission, or within 24 hours after admission, a written resident-home contract shall be in place. The administrator will create a tracking system to ensure a contract is completed for all new admissions within 24 hours after admission. MJ 2/3/22

Completion Date: 01/18/2022

25c2 - Fee Schedule

1. Requirements

25c2 - Fee Schedule (continued)

2600.

25.c. At a minimum, the contract must specify the following:

2. A fee schedule that lists the specify the following: actual amount of allowable resident charges for each of the home's available services.

Description of Violation

- *The home charges specified amounts for individual personal-needs services. The resident-home contract, dated [REDACTED], for resident 4 does not include a fee schedule of actual amounts charged for available services.*
- *The home charges specified amounts for individual personal-needs services. The resident-home contract, dated [REDACTED], for resident 5 does not include a fee schedule of actual amounts charged for available services.*
- *The home charges specified amounts for individual personal-needs services. The resident-home contract, dated [REDACTED], for resident 6 does not include a fee schedule of actual amounts charged for available services.*
- *The home charges specified amounts for individual personal-needs services. The resident-home contract, dated [REDACTED], for resident 7 does not include a fee schedule of actual amounts charged for available services.*
- *The home charges specified amounts for individual personal-needs services. The resident-home contract, dated [REDACTED], for resident 8 does not include a fee schedule of actual amounts charged for available services.*

Plan of Correction

Accept

3. A fee's schedule review was completed for residents 4,5,6,7 and 8 the admission coordinator. Admission coordinator will routinely audit resident files to ensure fee's schedule is reviewed and with residents.

Completion Date: 01/18/2022

28e - Death of a Resident

1. Requirements

2600.

28.e. In the event of a death of a resident under 60 years of age, the administrator shall refund the remainder of previously paid charges to the resident's estate within 30 days from the date the room is cleared of the resident's personal property. In the event of a death of a resident 60 years of age and older, the home shall provide a refund in accordance with the Elder Care Payment Restitution Act (35 P. S. § § 10226.101—10226.107). The home shall keep documentation of the refund in the resident's record.

Description of Violation

- *Resident 9 passed away on [REDACTED]. According to administration, resident 9's belongings were removed from the room on [REDACTED]; however, no refund has been issued.*
- *Resident 10 passed away on [REDACTED]. According to administration, resident 10's belongings were removed from the room on [REDACTED]; however, the check was not sent to the resident's designated person until [REDACTED].*
- *Resident 11 passed away on [REDACTED]. According to administration, resident 11's belongings were removed from the room on 6/6/21; however, the check was not sent to the resident's designated person until [REDACTED].*
- *Resident 12 passed away on [REDACTED]. According to administration, resident 12's belongings were removed from the room on [REDACTED]; however, no refund has been issued.*

Plan of Correction

Directed

4. Per Elder Care Payment Restitution Act (35 P. S. § § 10226.101—10226.107) residents' estate will be reimbursed for charged paid if the resident expires. The business office has reimbursed the estate for residents 9,10,11 and 12. The business office will continue to provide expired residents estate with reimbursed funds as required.

28e - Death of a Resident (continued)*Directed*

Within 10 days of receipt of the accepted plan of correction: The administrator will review all resident deaths to ensure all refunds are in accordance with the Elder Care Payment Restitution Act. All staff persons managing or handling resident funds will be educated on this regulation. Documentation of education will be kept. MJ 2/3/22

Completion Date: 09/29/2021

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

Resident 6's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident's rights and complaint procedures.

Resident 8's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident's rights and complaint procedures.

Plan of Correction**Accept**

An acknowledgment form of residents rights and complaint procedure was reviewed for residents 3,6, and 8. by the admission coordinator. Admission coordinator will routinely audit resident files to ensure acknowledgment form of resident rights and complaint procedure is reviewed with residents.

Completion Date: 01/18/2022

65d - Initial Direct Care Training**1. Requirements**

2600.

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

1. Training that includes a demonstration of job duties, followed by supervised practice.
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.
3. Initial direct care staff person training to include the following:
 - i. Safe management techniques.
 - ii. ADLs and IADLs
 - iii. Personal hygiene.
 - iv. Care of residents with dementia, mental illness, cognitive impairments, an intellectual disability and other mental disabilities.
 - v. The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - vi. Implementation of the initial assessment, annual assessment and support plan.
 - vii. Nutrition, food handling and sanitation.

65d - Initial Direct Care Training (continued)

- viii. Recreation, socialization, community resources, social services and activities in the community.
- ix. Gerontology.
- x. Staff person supervision, if applicable.
- xi. Care and needs of residents with special emphasis on the residents being served in the home.
- xii. Safety management and hazard prevention.
- xiii. Universal precautions.
- xiv. The requirements of this chapter.
- xv. Infection control.
- xvi. Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

Description of Violation

Direct care staff person A, hired [REDACTED], began providing unsupervised ADL services on [REDACTED]. However, the staff person did not complete and pass the department-approved direct care training course and pass the competency test.

Plan of Correction**Accept**

5. Direct care staff person A, hired [REDACTED], began providing unsupervised ADL services on [REDACTED]. However, the staff person did not complete and pass the department-approved direct care training course and pass the competency test. Staff person A was provided with the department-approved care training. Clinical Director will ensure all new employees will be provided with the approved direct care training courses.

Completion Date: 09/30/2021

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

2600.

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

Description of Violation

The laundry room in the memory care unit was unlocked, unattended, and accessible to residents. Proxy/Santec, peroxide laundry detergent and soap were stored in the laundry room. Not all the residents of the home, including memory care unit, have been assessed capable of recognizing and using poisons safely.

Plan of Correction**Accept**

6. The laundry room in the memory care unit was unlocked, unattended, and accessible to residents. Proxy/Santec, peroxide laundry detergent and soap were stored in the laundry room. Not all the residents of the home, including memory care unit, have been assessed capable of recognizing and using poisons safely. The laundry door will/was provided with a key pad lock. All residents in the memory care have been evaluated for poisonous materials. Staff will be educated on closing/locking the laundry room door.

Completion Date: 09/30/2021

85a - Sanitary Conditions**1. Requirements**

2600.

85a - Sanitary Conditions (continued)

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 9/29/21, the rugs in the halls, including the kitchen entrance area, have large dark-colored stains that appear to be liquid spills in several areas.

The toilet bowl in bedroom 66 has dark black stains.

Plan of Correction**Accept**

7. The toilet bowl in bedroom 66 has dark black stains. Housekeeping staff cleaned the dark stains in the toilet bowl in bedroom 66. Housekeeping staff will continue to clean toilet bowls. Dark stains were removed from carpet and kitchen entrance area.

Completion Date: 09/29/2021

89b - Hot Water Temperature**1. Requirements**

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 09/29/21, at 11:00 am, the hot water temperature in the bathroom in room 65 measured 122.7 degrees Fahrenheit.

On 09/29/21, at 11:10 am, the hot water temperature in the bathroom in room 66 measured 125.6 degrees Fahrenheit.

Plan of Correction**Accept**

8. Hot water temperatures in the bathrooms in room 65 and 66 measured above 120 degrees Fahrenheit. Maintenance director resolved the issue of the hot water being over 120 degrees Fahrenheit in bathrooms 65 and 66. Maintenance director will routine check bathroom hot water temps and adjust temps as needed.

Completion Date: 09/29/2021

95 - Furniture and Equipment**1. Requirements**

2600.

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

Description of Violation

On 09/29/21, the bathroom sink for room 65 had a drainage pipe that was clogged.

On 09/29/21, the hand towel dispenser in the public resident's bathroom at St. Joseph Wing was open and broken. A piece of black tape was hanging on top of the dispenser, which appeared to be holding the cover in place.

95 - Furniture and Equipment *(continued)***Plan of Correction****Accept**

9. the bathroom sink for room 65 had a drainage pipe that was clogged. The hand towel dispenser in the public resident's bathroom at St. Joseph Wing was open and broken. A piece of black tape was hanging on top of the dispenser, which appeared to be holding the cover in place. Bathroom sink in room 65 was unclogged and the towel dispenser was changed in the public resident's bathroom. Routine housekeeping will monitor clogged resident bathroom sinks and ensure towel dispensers in resident public restroom are functioning as designed.

Completion Date: 10/24/2021

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

- On 9/29/21, there was a damp roll of hand towel on the sidewalk of the memory care unit's private patio, which could be a tripping hazard.
- On 9/29/21, there were wild green plants impeding the pathway of the memory care unit's private patio, which could be a tripping hazard.

Plan of Correction**Accept**

10. There was a damp roll of hand towel on the sidewalk of the memory care unit's private patio, which could be a tripping hazard. Also, there were wild green plants impeding the pathway of the memory care unit's private patio, which could be a tripping hazard. The damp roll was discarded and the green plants were trimmed. Maintenance department will monitor the private patio of the memory care to ensure tripping hazards are removed.

Completion Date: 09/29/2021

102c - Tub/Shower - 10 users

1. Requirements

2600.

102.c. There shall be at least one bathtub or shower for every ten or fewer users, including residents, staff persons and household members.

Description of Violation

The home had only 1 total shower for the memory care unit, with a ratio of 18 users.

Plan of Correction**Accept**

11. The home had only 1 total shower for the memory care unit, with a ratio of 18 users. The memory care has a total of three showers. Staff were educated on the location of the showers.

Completion Date: 10/24/2021

102h - Toilet Paper

1. Requirements

2600.

102.h. Toilet paper shall be provided for every toilet.

Description of Violation

On 09/29/21, at 10:00 am, there was no toilet paper for the toilet in the public resident's bathroom at St. Joseph Wing.

102h - Toilet Paper (continued)

On 09/29/21, at 11:00 am, there was no toilet paper for the toilet in bedroom 65.

Plan of Correction

Accept

12. There was no toilet paper for the toilet in the public resident's bathroom at St. Joseph Wing and here was no toilet paper for the toilet in bedroom 65. Toilet paper was provided by the housekeeping staff. The Housekeeping staff or designee will monitor toilet paper is being provided to location that require.

Completion Date: 09/29/2021

103d - Storing Food Off Floor

1. Requirements

2600.
103.d. Food shall be stored off the floor.

Description of Violation

On 9/29/21, there were 3 boxes each containing 6 gallons of Deer Park water on the floor in the emergency food stockpile.

Plan of Correction

Accept

13. There were 3 boxes each containing 6 gallons of Deer Park water on the floor in the emergency food stockpile. Dietary manager placed the water container off the floor. Dietary manager will complete round of food storage areas to ensure items are not stored on the floor.

Completion Date: 09/29/2021

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 09/24/21, there was a large accumulation of lint in the lint trap of all four dryers. There were no clothes in the dryer at the time.

Plan of Correction

Accept

14. There was a large accumulation of lint in the lint trap of all four dryers. There were no clothes in the dryer at the time. All dryer's lint traps were cleaned. Housekeeping director or designee will monitor routinely dryer lint traps are cleaned routinely.

Completion Date: 09/29/2021

107d - Procedure Emergency Management Agency Submission

1. Requirements

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home's written emergency procedures have not been reviewed, updated, or submitted annually to the local emergency management agency.

Plan of Correction

Accept

15. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency. The Maintenance Director is scheduled to present written emergency procedures to the local emergency management agency. The Maintenance Director will work with the local emergency management agency yearly to provide a written emergency procedure.

Completion Date: 10/18/2021

187a - Medication Record

1. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident 14 is prescribed [redacted]. However, resident 14's medication administration record documentation was not available.

Resident 14 is prescribed [redacted]. However, resident 14's medication administration record documentation was not available.

Resident 14 is prescribed [redacted]. However, resident 14's medication administration record documentation was not available.

187a - Medication Record (continued)

Plan of Correction

Accept

Resident 14's medication administration record documentation was not available. A medication record was initiated for Resident's 14 Lorazepam and Morphine Sulfate. Clinical team was educated on the importance of documenting the use of controlled substances for each resident. The clinical director will monitor the use of controlled substances to ensure the clinical documents on the correct forms

Completion Date: 09/29/2021

190a - Completion Medication Course

1. Requirements

2600.

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

Description of Violation

Staff person B, who has not successfully completed the Department-approved medication administration course, administered medications to residents to include the following:

- On September 4, 2021, at 9:00 am, staff member B administered [REDACTED] [REDACTED], giving 1 tablet by mouth in the morning for prevention to resident 1.
- On September 4, 2021, at 9:00 am, staff member B administered [REDACTED] [REDACTED], giving 1 tablet by mouth in the morning for [REDACTED] to resident 1.
- At 6:00 pm on September 03, 04, 07, 08, 12, 13, 16, 17, 18, 23, 26, 27, and 30 of 2021, staff member B administered [REDACTED], giving 1 tablet orally once a day for [REDACTED] to resident 1.
- On September 4, 2021, at 9:00 am, staff member B administered [REDACTED], giving 1 tablet by mouth in the morning for [REDACTED] to resident 1.
- On September 4, 2021, at 9:00 am, staff member B administered [REDACTED], giving 1 tablet by mouth in the morning for allergies to resident 1.
- On September 4, 2021, at 9:00 am, staff member B administered [REDACTED] [REDACTED] by giving 1 tablet by mouth in the morning for [REDACTED] to resident 1.
- On September 4, 2021, at 9:00 am, staff member B administered [REDACTED], giving two tablets by mouth in the morning for [REDACTED] with breakfast to resident 1.
- On September 4, 2021, at 9:00 am, staff member B administered [REDACTED], giving 1 tablet by mouth in the morning for [REDACTED] to resident 1.
- On September 4, 2021, at 9:00 am, staff member B administered [REDACTED] [REDACTED], giving 1 tablet by mouth in the morning for supplement to resident 1.
- On September 4, 2021, at 9:00 am, staff member B administered [REDACTED] [REDACTED] giving 1 tablet by mouth in the morning for supplement to resident 1.
- On September 4, 2021, at 9:00 am, staff member B administered [REDACTED] [REDACTED] giving 1 tablet by mouth in the morning for supplement to resident 1.
- On September 4, 2021, at 9:00 am, staff member B administered [REDACTED] [REDACTED], giving 2 tablets by mouth, 3 times a day for [REDACTED] to resident 1.
- At 6:00pm on September 04, 05, 08, 09, 12, 13, 16, 17, 18, 23, 26, 27, and 30 of 2021, staff member B administered [REDACTED], giving 1 tablet orally once a day for [REDACTED] to resident 15.
- On September 4, 2021, at 9:00 am, staff member B administered [REDACTED] [REDACTED] 1 tablet by mouth in the morning for [REDACTED] to resident 16.

190a - Completion Medication Course (continued)

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

Plan of Correction

Accept

Staff person B, who has not successfully completed the Department-approved medication administration course, administered medications to residents. Staff person B will no longer be providing medications to residents until she can pass the medication administration protocols. The clinical director will ensure staff providing medications are either licenses nurse or cert medication techs.

Completion Date: 11/26/2021

233c - Key-Locking Devices

1. Requirements

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The directions for operating the home's locking mechanism are not conspicuously posted near the door to the Secure Dementia Care Unit (SDCU).

Plan of Correction

Accept

18. The directions for operating the home's locking mechanism are not conspicuously posted near the door to the Secure Dementia Care Unit (SDCU). Maintenance Director posted the operating directions by the doors. PCU staff were educated on the importance of ensure the operating directions are posted by the door.

Completion Date: 09/29/2021

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [REDACTED]/21, resident 1 sustained injuries from a fall, requiring hospital treatment. This incident was not reported to the department until [REDACTED]/2021.

16c - Written Incident Report (continued)

On [redacted]/21, resident 2 sustained injuries from a fall, requiring hospital treatment. This incident was not reported to the department until [redacted]/2021.

Repeat violation: 12/14/2020

Plan of Correction

Accept

19. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours. Staff reported incidents for resident 1 and 4 to the department of health. Clinical director was educated on the importance of report incident to the department of health in a timely manner. Administrator will ensure timeliness of incidents reports to the department of health.

Completion Date: 09/29/2021

91 - Telephone Numbers

1. Requirements

2600.

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

Description of Violation

On 09/29/21, there were no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in bedroom 65.

Repeat violation 11/09/2020

Plan of Correction

Accept

There were no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in bedroom 65. Bedroom 65 was provided with an emergency telephone list. Clinical director or designee will conduct routine rounds to ensure emergency telephone numbers can be found in each resident room.

Completion Date: 09/29/2021

101j7 - Lighting/Operable Lamp

1. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident 13 does not have access to a source of light that can be turned on/off at bedside.

Repeat violation 11/09/2020

Plan of Correction

Accept

21. Resident 13 does not have access to a source of light that can be turned on/off at bedside. Resident was provided with a light at the bedside the turns off and on. Clinical director or designee will complete routine rounds to ensure light fixture are working properly at each of bedside of residents.

Completion Date: 09/29/2021

103f - Refrigerator/Freezer Temps

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 09/29/21, at 12:00 pm, the temperature in the Kitchenette freezer in the memory care was 20 degrees Fahrenheit.

On 09/29/21, at 1:30 pm, the temperature in the main kitchen freezer was 22 degrees Fahrenheit.

Repeat violation 11/09/2020.

Plan of Correction**Directed**

22. The temperature in the Kitchenette freezer in the memory care was 20 degrees Fahrenheit. In addition, the temperature in the main kitchen freezer was 22 degrees Fahrenheit. Maintenance director or designee will check all freezers and ensure they hold the correct temperatures

Directed

Within 5 days of receipt of the accepted plan of correction: The administrator or designee shall develop a policy and procedures to ensure all refrigerators and freezers have thermometers and food requiring refrigeration is stored at or below 40 degrees Fahrenheit and frozen food is stored at or below 0 degrees Fahrenheit. This will include a designee checking and recording all refrigerator and freezer temperatures at least twice daily. MJ 2/3/22

Completion Date: *09/29/2021*

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident 3's medical evaluation did not include the date when it was completed.

Resident 5's medical evaluation did not include the date when it was completed.

141a 1-10 Medical Evaluation Information (continued)

Resident 8's medical evaluation did not include the date when it was completed.

Repeat violation 11/09/2020

Plan of Correction**Accept**

23. The medical evaluation for residents 3,5, and 8 were reviewed by the medical team the correct date was placed on the forms. The clinical team was educated on the importance of dating the medical evaluation from. Clinical director will routinely review medical evaluations to ensure they are dated correctly and timely.

Completion Date: 09/29/2021

224a - Preadmission Screen Form**1. Requirements**

2600.

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

Description of Violation

Resident 3's preadmission screening form, which includes if the needs of the resident can be met by the services provided by the home, was not completed at the time of the admission.

Repeat violation 03/26/2021

Plan of Correction**Accept**

24. The clinical director cannot complete an assessment retrospectively. Therefore, the clinical director completed a preadmission screen tool while the resident is living in the facility. The clinical director will continue to ensure preadmission screens are completed timely.

Completion Date: 09/29/2021

225c - Additional Assessment**1. Requirements**

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident 6's most recent assessment was completed on [REDACTED].

Repeat violation 11/09/2020.

225c - Additional Assessment (continued)**Plan of Correction****Directed**

25. Resident 6's most recent assessment was completed on [REDACTED]. Clinical Director has since completed an annual evaluation as of [REDACTED]. Clinical Director continues to schedule and complete annual evaluations as required.

Directed

Within 30 days of receipt of the accepted plan of correction: The administrator will develop and implement a process and procedure to ensure all resident assessments are completed within the required time frame and are complete and accurate. All staff persons completing assessments and support plans will be educated regarding the completion and accuracy of assessments and support plans including the care and services the home will provide. Documentation of education shall be kept. MJ 2/3/22

Completion Date: 10/01/2021

252 - Record Content**1. Requirements**

2600.

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

Description of Violation

Resident 3's record does not include a home contract.

Repeat violation 11/09/2020.

Plan of Correction**Directed**

26. Resident 3's record does not include a home contract. Resident #3 had a home contract was completed. Admission coordinator or designee will ensure home contracts are completed.

Directed

Within 30 days of receipt of the acceptable plan of correction: The administrator or designated staff person will review all current and newly admitted residents' records to ensure the required contents of resident records are in accordance with this regulation. All staff persons responsible to maintain resident records will be educated on the required contents of resident records.

Completion Date: 09/29/2021