

Department of Human Services
Bureau of Human Service Licensing

April 14, 2022

[REDACTED]
ALWAYS ON CARE LLC
[REDACTED]

RE: ALWAYS ON CARE
600 NORTH LAUREL STREET
HAZELTON, PA, 18201
LICENSE/COC#: 23006

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/30/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Michele Moskalczyk

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: *ALWAYS ON CARE* License #: *23006* License Expiration: *06/03/2022*
Address: *600 NORTH LAUREL STREET, HAZELTON, PA 18201*
County: *LUZERNE* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: *(570) 790-9905* Email: [REDACTED]

Legal Entity

Name: *ALWAYS ON CARE LLC*
Address: *4 FAIRFIELD DRIVE, WILKES-BARRE, PA, 18702*
Phone: *9083490574* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *04/22/2010* Issued By: *City Of Hazelton*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *21* Waking Staff: *16*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Interim* Exit Conference Date: *09/30/2021*

Inspection Dates and Department Representative

09/30/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *26* Residents Served: *20*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *3* Are 60 Years of Age or Older: *19*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *1* Have Physical Disability: *1*

Inspections / Reviews

09/30/2021 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/29/2021*

Inspections / Reviews (*continued*)

09/30/2021 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *11/10/2021*

02/16/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *12/22/2021*

04/14/2022 - 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

There was no CO2 detector located near the home's gas hot water heater in the basement as required by the Care Facility Carbon Monoxide Alarms Standard Act

Plan of Correction

Accept

A CO2 detector has been purchased and installed within 10 feet of the home's gas hot water heater in the basement as required by the Care Facility Carbon Monoxide Alarms Standard Act

Update: 10/31/2021

Please send picture of compliance. 11-4-2021 MM

Plan of Correction

Accept

A CO2 detector has been purchased and installed within 10 feet of the home's gas hot water heater in the basement as required by the Care Facility Carbon Monoxide Alarms Standard Act

Completion Date: 09/29/2021

Update: 12/15/2021

Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. 12-15-2021 MM

Document Submission

Implemented

A CO2 detector has been purchased and installed within 10 feet of the home's gas hot water heater in the basement as required by the Care Facility Carbon Monoxide Alarms Standard Act. The administrator will be responsible of monitoring compliance by performing quarterly checks of its effectiveness.

42s - Privacy

1. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

The home utilizes video cameras to record certain areas of the home, including the dining area and community rooms where residents regularly gather. Video recording of these areas is prohibited by this regulation.

Plan of Correction

Do Not Accept

The home discontinued video recording in common areas used by the residents including such areas as the dining and community rooms and does not record in their private spaces. Recording will only occur in exterior areas, hallways, in the med room which houses the med cart and its prescriptions, and at exit doors.

Update: 11/04/2021

Who will be monitoring this weekly for ongoing compliance. Please provide additional information. 11-4-2021 MM

Plan of Correction

Accept

The home discontinued video recording in common areas used by the residents including such areas as the dining and community rooms and does not record in their private spaces. Recording will only occur in exterior areas,

42s - Privacy (continued)

hallways, in the med room which houses the med cart and its prescriptions, and at exit doors. The administrator will be responsible for the ongoing compliance of this regulation.

Completion Date: 10/01/2021

Update: 12/15/2021

Document Submission**Implemented**

The home discontinued video recording in common areas used by the residents including such areas as the dining and community rooms and does not record in their private spaces. Recording will only occur in exterior areas, hallways, in the med room which houses the med cart and its prescriptions, and at exit doors. The administrator will be responsible for the ongoing compliance of this regulation.

51 - Criminal Background Check**1. Requirements**

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff person A was hired [REDACTED] The home did not have documentation that criminal background check was obtained for this staff person

Plan of Correction**Do Not Accept**

Staff person A has been removed from the schedule effective Friday, October 22, 2021 for failure to complete and submit documents requested during the hiring process.

Update: 11/04/2021

Who will be responsible for ongoing compliance of this regulation? 11-4-2021 MM

Plan of Correction**Accept**

Staff person A has been removed from the schedule effective Friday, October 22, 2021 for failure to complete and submit documents requested during the hiring process. The administrator will be responsible for the ongoing compliance of this regulation.

Completion Date: 10/22/2021

Document Submission**Implemented**

Staff person A has been removed from the schedule effective Friday, October 22, 2021 for failure to complete and submit documents requested during the hiring process. The administrator will be responsible for the ongoing compliance of this regulation.

54a - Direct Care Staff**1. Requirements**

2600.

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

2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff persons B and C do not have a high school diploma or GED or an active registry status on a nurse aid registry

54a - Direct Care Staff (continued)

Plan of Correction

Do Not Accept

Direct care staff person B has been removed from the schedule for attendance issues and failure to provide proof of high school diploma/GED because [redacted] has not completed high school/GED program. The home has requested Direct care staff person C to submit proof of [redacted] high school diploma, which [redacted] indicated [redacted] completed. Direct care staff person C has been provided until November 15, 2021 to obtain [redacted] high school diploma since [redacted] stated "she grew up in foster care and does not have these records.

Update: 11/04/2021

Who will be responsible for ongoing compliance of this regulation? 11-4-2021 MM

Plan of Correction

Accept

Direct care staff person B has been removed from the schedule for attendance issues and failure to provide proof of high school diploma/GED because [redacted] has not completed high school/GED program. The home has requested Direct care staff person C to submit proof of [redacted] high school diploma, which [redacted] indicated [redacted] completed. Direct care staff person C has been provided until November 15, 2021 to obtain [redacted] high school diploma since [redacted] stated [redacted] grew up in foster care and does not have these records. The administrator will be responsible for the ongoing compliance of this regulation.

Completion Date: 10/26/2021

Document Submission

Implemented

Direct care staff person B has been removed from the schedule for attendance issues and failure to provide proof of high school diploma/GED because [redacted] has not completed high school/GED program. The home has requested Direct care staff person C to submit proof of [redacted] high school diploma, which [redacted] indicated [redacted] completed. Direct care staff person C has been provided until November 15, 2021 to obtain [redacted] high school diploma since [redacted] stated [redacted] grew up in foster care and does not have these records. The administrator will be responsible for the ongoing compliance of this regulation.

63a - First Aid/CPR Training

1. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On the following dates and times the home did not have at least 1 person in the home with certified training in CPR and First aid:

09/18/21 from 7am to 11pm

09/25/21 from 7am to 11pm

09/26/21 from 7am to 11pm.

Plan of Correction

Do Not Accept

Always on Care will ensure there will be a staff person trained in First Aid/CPR at all times. Currently, there are 3 employees and 1 consultant trained in First Aid/CPR. A Direct care staff worker who has First Aid/CPR training which was issued on 08/18/2020 and expires 08/2022, was in the facility for [redacted] shift on 09/18/2021 from 7 am - 11pm and on 09/25/2021 from 7 am - 11 pm. Direct care staff member B has received First Aid/CPR training on 10/12/2021. Staff member MT received First Aid/CPR training on 10/12/2021. Staff member D completed first aid training during the [redacted] personal care home administration training during 9/2020.

63a - First Aid/CPR Training (continued)

Update: 11/04/2021

Who will be responsible for ongoing compliance of this regulation? 11-4-2021 MM

Plan of Correction

Accept

Always on Care will ensure there will be a staff person trained in First Aid/CPR at all times. Currently, there are 3 employees and 1 consultant trained in First Aid/CPR. A Direct care staff worker who has First Aid/CPR training which was issued on 08/18/2020 and expires 08/2022, was in the facility for [redacted] shift on 09/18/2021 from 7 am - 11pm and on 09/25/2021 from 7 am - 11 pm. Direct care staff member B has received First Aid/CPR training on 10/12/2021. Staff member MT received First Aid/CPR training on 10/12/2021. Staff member D completed first aid training during the [redacted] personal care home administration training during 9/2020. The administrator will be responsible for the ongoing compliance of this regulation.

Completion Date: 10/12/2021

Document Submission

Implemented

Always on Care will ensure there will be a staff person trained in First Aid/CPR at all times. Currently, there are 3 employees and 1 consultant trained in First Aid/CPR. A Direct care staff worker who has First Aid/CPR training which was issued on 08/18/2020 and expires 08/2022, was in the facility for [redacted] shift on 09/18/2021 from 7 am - 11pm and on 09/25/2021 from 7 am - 11 pm. Direct care staff member B has received First Aid/CPR training on 10/12/2021. Staff member MT received First Aid/CPR training on 10/12/2021. Staff member D completed first aid training during the [redacted] personal care home administration training during 9/2020. The administrator will be responsible for the ongoing compliance of this regulation.

65a - FS Orientation 1st Day

1. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

Description of Violation

Staff person A who was hired on [redacted] was not trained in the topics required under this regulation on the first day of work.

Plan of Correction

Do Not Accept

Staff Person A has been removed from the schedule October 22, 2021 for failure to submit documents requested at hiring. All new ancillary staff persons, substitute personnel and volunteers will receive orientation in general fire safety and emergency preparedness on their first working day. A sign in sheet will be kept and a description of the training provided. We have not hired any new staff as of 06/2021.

Update: 11/04/2021

Who will be responsible for ongoing compliance of this regulation? 11-4-2021 MM

Plan of Correction

Accept

Staff Person A has been removed from the schedule October 22, 2021 for failure to submit documents requested at hiring. All new ancillary staff persons, substitute personnel and volunteers will receive orientation in general fire safety and emergency preparedness on their first working day. A sign in sheet will be kept and a description of the training provided. We have not hired any new staff as of 06/2021. The administrator will be responsible for the ongoing compliance of this regulation.

Completion Date: 10/22/2021

65a - FS Orientation 1st Day (continued)

Document Submission

Implemented

Staff Person A has been removed from the schedule October 22, 2021 for failure to submit documents requested at hiring. All new ancillary staff persons, substitute personnel and volunteers will receive orientation in general fire safety and emergency preparedness on their first working day. A sign in sheet will be kept and a description of the training provided. We have not hired any new staff as of 06/2021. The administrator will be responsible for the ongoing compliance of this regulation.

65b - Rights/Abuse 40 Hours

1. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

Description of Violation

Staff person A who was hired on [REDACTED] was not trained in the topics required under this regulation within 40 hours of the first workday.

Plan of Correction

Do Not Accept

Staff person A has been removed from the schedule effective October 22, 2021 for failure to submit documents requested at hiring. All new ancillary staff persons, substitute personnel and volunteers will receive training on resident's rights/abuse within 40 scheduled working hours. A sign in sheet will be kept and a description of the training provided. We have not hired any new staff as of 06/2021.

Update: 11/04/2021

Who will be responsible for ongoing compliance of this regulation? 11-4-2021 MM

Plan of Correction

Accept

Staff person A has been removed from the schedule effective October 22, 2021 for failure to submit documents requested at hiring. All new ancillary staff persons, substitute personnel and volunteers will receive training on resident's rights/abuse within 40 scheduled working hours. A sign in sheet will be kept and a description of the training provided. We have not hired any new staff as of 06/2021. The administrator will be responsible for the ongoing compliance of this regulation.

Completion Date: 10/22/2021

Document Submission

Implemented

Staff person A has been removed from the schedule effective October 22, 2021 for failure to submit documents requested at hiring. All new ancillary staff persons, substitute personnel and volunteers will receive training on resident's rights/abuse within 40 scheduled working hours. A sign in sheet will be kept and a description of the training provided. We have not hired any new staff as of 06/2021. The administrator will be responsible for the ongoing compliance of this regulation.

96a - First Aid Kit

1. Requirements

2600.

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

Description of Violation

The home's first aid kit did not contain scissors or tweezers.

96a - First Aid Kit (continued)

Plan of Correction

Do Not Accept

Scissors and tweezers have been placed in the First Aid Kit, and all items in the First Aid Kit will be placed back into the kit after each use and/or replenished when the supply is depleted.

Update: 11/04/2021

Who will be responsible for ongoing compliance of this regulation? 11-4-2021 MM

Plan of Correction

Accept

Scissors and tweezers have been placed in the First Aid Kit, and all items in the First Aid Kit will be placed back into the kit after each use and/or replenished when the supply is depleted. The administrator will be responsible for the ongoing compliance of this regulation.

Completion Date: 10/01/2021

Document Submission

Implemented

Scissors and tweezers have been placed in the First Aid Kit, and all items in the First Aid Kit will be placed back into the kit after each use and/or replenished when the supply is depleted. The administrator will be responsible for the ongoing compliance of this regulation.

103e - Left Overs

1. Requirements

2600.

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

Description of Violation

The freezer of the refrigerator located in the kitchen contained bags of frozen meatballs, frozen waffles, frozen pepperoni, and frozen hamburger patties that were not labeled with the contents of the bag or the date that the bags were opened.

Plan of Correction

Do Not Accept

All left overs will be labeled with date and contents, and sealed before storage.

Update: 11/04/2021

Who will be responsible for ongoing compliance of this regulation?

Was staff retrained, if so please provide proof of training. 11-4-2021 MM

Plan of Correction

Accept

All left overs will be labeled with date and contents, and sealed before storage. The administrator will be responsible for the ongoing compliance of this regulation. The cook was trained and will be responsible of the ongoing training of this regulation. Attached are pdf's of training that were provided from the ServSafe Specialist, their credentials and sheet documenting attendance.

Completion Date: 10/01/2021

Document Submission

Implemented

Documents were attached. [redacted] have reattached the training.

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.

103f - Refrigerator/Freezer Temps (continued)

Description of Violation

There were no thermometers to monitor the temperature of 2 refrigerators and 3 freezers utilized to store the home's food.

Plan of Correction

Do Not Accept

Thermometers have been placed in all refrigerators/freezers to ensure food requiring refrigeration is stored at or below 40 degrees and frozen food is kept at or below 0 degrees F

Update: 11/04/2021

Who will be responsible for ongoing compliance of this regulation? 11-4-2021 MM

Plan of Correction

Accept

Thermometers have been placed in all refrigerators/freezers to ensure food requiring refrigeration is stored at or below 40 degrees and frozen food is kept at or below 0 degrees F. The cook was trained and will be responsible of the ongoing training of this regulation. Attached are pdf's of training that were provided from the ServSafe Specialist, their credentials and sheet documenting attendance.

Completion Date: 10/01/2021

Document Submission

Implemented

Documents were attached. [redacted] have reattached the training.

141b1 - Annual Medical Evaluation

1. Requirements

- 2600.
- 141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Annual DME for resident 1 was not completed timely. Current DME was dated [redacted] and the previous DME was dated [redacted]

Plan of Correction

Do Not Accept

Resident's will have timely medical evaluations on an annual basis, and will be documented accordingly.

Update: 11/04/2021

Who will be responsible for ongoing compliance of this regulation? 11-4-2021 MM

Plan of Correction

Accept

Resident's will have timely medical evaluations on an annual basis, and will be documented accordingly. The administrator will be responsible for the ongoing compliance of this regulation.

Completion Date: 10/27/2021

Document Submission

Implemented

Documents were attached on 10/29/2021. [redacted] have reattached the training.

144c1 - Smoking Area Guidelines

1. Requirements

- 2600.
- 144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

144c1 - Smoking Area Guidelines (continued)

- 1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

There were no fire safe receptacles for cigarette butts at the home's designated smoking area.

Plan of Correction

Do Not Accept

A fire safe receptacle for cigarette butts has been placed outside of the home in the designated smoking area in the home's rear parking lot.

Update: 11/04/2021

Who will be responsible for ongoing compliance of this regulation?

Was staff/residents retrained on the home's smoking policy? 11-4-2021 MM

Plan of Correction

Accept

A fire safe receptacle for cigarette butts has been placed outside of the home in the designated smoking area in the home's rear parking lot. The administrator will be responsible of this ongoing compliance. Staff and resident were retrained on this policy on 10/1/21 and signs were hung in area both residents and staff are able to access and see in plain view. Attached are photos of where the policies were hung.

Completion Date: 11/01/2021

Update: 12/15/2021

Please send/Attach proof of staff training. 12-15-2021 MM

Document Submission

Implemented

Staff and resident were retrained on this policy on 10/1/21 and signs were hung in area both residents and staff are able to access and see in plain view. Attached are photos of where the policies were hung and completed training.

182b - Prescription Medication

1. Requirements

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- 4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Description of Violation

The home is allowing staff persons A and staff person D to administer medications. Staff person A has not completed the department's required medication administration training course. Staff person D is the home's [REDACTED] and has also not completed the department's required medication administration training course.

Plan of Correction

Accept

All medication that is not self-administered will be administered by a staff person who has completed the medication administration training as specified in 2600.190. Staff person A has been removed from the schedule effective October 22, 2021. Staff person D completed the modified medication administration training on 10/03/2021. In addition, as of October 16th, 2021, Staff person D has completed the online portion of the Train the Trainer program to be able to teach unlicensed staff to properly administer medication, monitor unlicensed staff who administer medication, teach Practicum Observers to assist with the monitoring of unlicensed staff who give medication, and monitor Practicum Observers who assist with the monitoring of unlicensed staff who give medication. Staff person

182b - Prescription Medication (continued)

D awaits the virtual class on November 9th, 2021 to complete the Train the Trainer program.

Update: 11/04/2021

Please send/attach proof of staff training. 11-4-2021 MM

Plan of Correction**Accept**

All medication that is not self-administered will be administered by a staff person who has completed the medication administration training as specified in 2600.190. Staff person A has been removed from the schedule effective October 22, 2021. Staff person D completed the modified medication administration training on 10/03/2021. In addition, as of October 16th, 2021, Staff person D has completed the online portion of the Train the Trainer program to be able to teach unlicensed staff to properly administer medication, monitor unlicensed staff who administer medication, teach Practicum Observers to assist with the monitoring of unlicensed staff who give medication, and monitor Practicum Observers who assist with the monitoring of unlicensed staff who give medication. Staff person D awaits the virtual class on November 9th, 2021 to complete the Train the Trainer program.

Completion Date: 10/22/2021

Update: 11/04/2021

Please send/attach proof of staff training. 11-4-2021 MM

Document Submission**Implemented**

Documents were attached on 10/29/2021. [REDACTED] have reattached the training.

182c - Medication Administration**1. Requirements**

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

7. Complete documentation in accordance with § 2600.187 (relating to medication records).

Description of Violation

Staff Member E passed medication to 5 residents at one time and then returned to document the MAR.

Plan of Correction**Do Not Accept**

Documentation of each resident's medication will be marked off in the MAR at the time of each administration.

Update: 11/04/2021

Who will be responsible for ongoing compliance of this regulation?

Was staff retrained regarding the requirements of this regulation?

Please send/attach proof of compliance. 11-4-2021 MM

Plan of Correction**Accept**

Documentation of each resident's medication will be marked off in the MAR at the time of each administration. The administrator will be responsible for the ongoing compliance of this regulation. Staff were retrained on this regulation 10/29/21. Documentation of the covered topics of the training are attached.

Completion Date: 10/29/2021

Update: 12/15/2021

Please send/Attach proof of staff training. 12-15-2021 MM

Document Submission**Implemented**

Documents were attached on 10/29/2021. [REDACTED] have reattached the training.

183a - Original Containers and Injections

1. Requirements

2600.

183.a. Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration. Assistance with insulin and epinephrine injections and sterile liquids shall be provided immediately upon removal of the medication from its container.

Description of Violation

Medications were found on the medication cart dispensed in medication cups on 9/30/21. According to staff interview, the medications were left in the cups by the previous med tech who had left them on the medication cart before leaving their shift on 9/29/21 and the medications for these residents were not due to be administered until 09/30/21 at lunch time. They were for the following residents:

Residents #1, #2, #3, #4, and #5.

Plan of Correction***Do Not Accept***

All medications will be kept in their original containers unless poured within 2 hours of administration.

Update: 11/04/2021

Who will be responsible for ongoing compliance of this regulation?

Was staff retrained regarding the requirements of this regulation?

Please send/attach proof of compliance. 11-4-2021 MM

Plan of Correction***Accept***

All medications will be kept in their original containers unless poured within 2 hours of administration. The administrator will be responsible for the ongoing compliance of this regulation. Staff were retrained on this regulation 10/29/21. Documentation of the covered topics of the training are attached.

Completion Date: 10/29/2021

Update: 12/15/2021

Please send/Attach proof of staff training. 12-15-2021 MM

Document Submission***Implemented***

Documents were attached on 10/29/2021. [REDACTED] have reattached the training.

183b - Meds and Syringes Locked**1. Requirements**

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

The Medication cart was found unlocked and the door to the unattended medication cart room was open and unable to be locked.

Plan of Correction***Do Not Accept***

Med cart key was purchased for the med cart. The medication cart will remain locked when not in use by a staff person trained in Medication Administration.

Update: 11/04/2021

Who will be responsible for ongoing compliance of this regulation?

Was staff retrained regarding the requirements of this regulation?

Please send/attach proof of compliance. 11-4-2021 MM

183b - Meds and Syringes Locked (continued)

Plan of Correction

Accept

Med cart key was purchased for the med cart. The medication cart will remain locked when not in use by a staff person trained in Medication Administration. The administrator will be responsible for the ongoing compliance of this regulation. Staff were retrained on this regulation 10/29/21. Documentation of the covered topics of the training are attached. Photo of the medcart keys that were purchased are attached.

Completion Date: 10/29/2021

Update: 12/15/2021

Please send/Attach proof of staff training. 12-15-2021 MM

Document Submission

Implemented

Documents were attached on 10/29/2021. [redacted] have reattached the training, and proof of the keys.

183c - Refrigerated Meds Locked

1. Requirements

2600.

183.c. Prescription medications, OTC medications and CAM stored in a refrigerator shall be kept in an area or container that is locked.

Description of Violation

The following medications were found to be stored in the refrigerator located in the kitchen and not locked in a container separate from the other contents of the refrigerator:

Basaglar insulin pen, Levemir insulin pen, Tremfya injections, Ozempic pen, and cough medicines.

Plan of Correction

Do Not Accept

All prescription medications, OTC medications, and CAM stored in a refrigerator are placed in a medical lock box as of October 22, 2021.

Update: 11/04/2021

Who will be responsible for ongoing compliance of this regulation?

Was staff retrained regarding the requirements of this regulation?

Please send/attach proof of compliance. 11-4-2021 MM

Plan of Correction

Accept

All prescription medications, OTC medications, and CAM stored in a refrigerator are placed in a medical lock box as of October 22, 2021. The administrator will be responsible for the ongoing compliance of this regulation. Staff were retrained on this regulation 10/29/21. Documentation of the covered topics of the training are attached. Photo of the lock box is attached

Completion Date: 10/29/2021

Update: 12/15/2021

Please send/Attach proof of staff training. 12-15-2021 MM

Document Submission

Implemented

Documents were attached on 10/29/2021. [redacted] have reattached the training, and proof of the keys.

183d - Prescription Current

1. Requirements

2600.

183d - Prescription Current (continued)

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

Description of Violation

Two bottles of cough medicine with a prescription label for resident 6 were found in the refrigerator. Resident 6 has not been in the home since [REDACTED].

Plan of Correction

Do Not Accept

Only prescriptions for current residents will be stored at the facility. Prescriptions of nonresidents have been removed from the home from the refrigerator and in other areas.

Update: 11/04/2021

Who will be responsible for ongoing compliance of this regulation?

Was staff retrained regarding the requirements of this regulation?

Please send/attach proof of compliance. 11-4-2021 MM

Plan of Correction

Accept

Only prescriptions for current residents will be stored at the facility. Prescriptions of nonresidents have been removed from the home from the refrigerator and in other areas. The administrator will be responsible for the ongoing compliance of this regulation. Staff were retrained on this regulation 10/29/21. Documentation of the covered topics of the training are attached.

Completion Date: 10/29/2021

Update: 12/15/2021

Please send/Attach proof of staff training. 12-15-2021 MM

Document Submission

Implemented

Documents were attached on 10/29/2021. [REDACTED] have reattached the training.

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 3 and resident 7 require daily blood sugar checks with their glucometers. The checks were completed each day but not documented on their blood sugar log for 9/12/2021 and 9/13/2021.

Plan of Correction

Accept

The home has policies and procedures for safe storage, access, security, distribution, and use of medications and medical equipment by trained staff persons as of June 3, 2021. All staff trained in medication administration have received individual training on these policies/procedures as of October 22, 2021.

Update: 11/04/2021

Please send/attach proof of staff training. 11-4-2021 MM

Plan of Correction

Accept

The home has policies and procedures for safe storage, access, security, distribution, and use of medications and medical equipment by trained staff persons as of June 3, 2021. All staff trained in medication administration have received individual training on these policies/procedures as of October 22, 2021.

Completion Date: 10/22/2021

185a - Implement Storage Procedures (continued)

Update: 11/04/2021

Please send/attach proof of staff training. 11-4-2021 MM

Document Submission

Implemented

Documents were attached on 10/29/2021. [redacted] have reattached the training.

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:

13. Date and time of medication administration.

14. Name and initials of the staff person administering the medication.

Description of Violation

Through staff interview it was determined that numerous medications for several residents were initialed as administered using a login for a staff member that was no longer employed. It could not be determined who administered the medications. This occurred on the following residents' MARs from 9/1/21 through 9/14/21: resident 1, resident 3, and resident 8

The Staff Member D states that they have observed an LPN pass medication and then will initial the MAR with staff member D's initials.

Resident 8 received their medication at 8am on 9/30/2021 but the MAR was not documented to show that the medication was administered.

Plan of Correction

Do Not Accept

Medication record will be kept for each resident for whom medications are administered and include date and time of medication administration and the name and initials of the staff person administering the medication.

Administrator, Homiler Phanor contacted the Administer of the QuickMAR, Health Direct Pharmacy to remove all former employees and provided all current trained staff in med administration a log in to use and document the medication record correctly.

Update: 11/04/2021

Who will be responsible for ongoing compliance of this regulation?

Was staff retrained regarding the requirements of this regulation?

Please send/attach proof of compliance. 11-4-2021 MM

Plan of Correction

Accept

Medication record will be kept for each resident for whom medications are administered and include date and time of medication administration and the name and initials of the staff person administering the medication.

Administrator, [redacted] contacted the Administer of the QuickMAR, Health Direct Pharmacy to remove all former employees and provided all current trained staff in med administration a log in to use and document the medication record correctly. The administrator will be responsible for the ongoing compliance of this regulation. Staff was retrained on this regulation 10/29/21. Documentation of the covered topics of the training are attached.

Completion Date: 10/29/2021

Update: 12/15/2021

Please send/Attach proof of staff training. 12-15-2021 MM

187a - Medication Record (continued)

Document Submission

Implemented

Documents were attached on 10/29/2021. I have reattached the training.

187d - Follow Prescriber's Orders

1. Requirements

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

Description of Violation

Resident 8 had their prescribed medication of Nyvastin and Betameth DP withheld due to parameters on 9/21/2021, 9/22/2021, 9/23/2021, and 9/29/2021. There is no parameters listed on the MAR to withhold these 2 medications. Resident 3 had their prescribed medication of Diclofenac withheld due to parameters on 9/21/2021, 9/22/2021, 9/23/2021, 9/27/2021, and 9/29/2021. There is no parameters listed on the MAR to withhold the medication.

Plan of Correction

Do Not Accept

The home will follow all directions by the prescriber and document medication administration accurately. The home has been in communication with the resident's physicians to update and modify any prescription orders necessary and has been receiving 1:1 assistance with the QuickMar provider on how to properly document additional circumstances which may apply. The home will not withhold medication and document due to parameters unless warranted due to limits set by the medication itself, which may include: because of a high or low blood pressure reading, or due to their doctor's documented orders.

Update: 11/04/2021

Who will be responsible for ongoing compliance of this regulation?
Was staff retrained regarding the requirements of this regulation?
Please send/attach proof of compliance. 11-4-2021 MM

Plan of Correction

Accept

The home will follow all directions by the prescriber and document medication administration accurately. The home has been in communication with the resident's physicians to update and modify any prescription orders necessary and has been receiving 1:1 assistance with the QuickMar provider on how to properly document additional circumstances which may apply. The home will not withhold medication and document due to parameters unless warranted due to limits set by the medication itself, which may include: because of a high or low blood pressure reading, or due to their doctor's documented orders. The administrator will be responsible for the ongoing compliance of this regulation. Staff was retrained on this regulation 10/29/21. Documentation of the covered topics of the training are attached.

Completion Date: 10/29/2021

Update: 12/15/2021

Please send/Attach proof of staff training. 12-15-2021 MM

Document Submission

Implemented

Documents were attached on 10/29/2021. I have reattached the training.

190b - Insulin Injections

1. Requirements

2600.

190b - Insulin Injections (continued)

190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

Description of Violation

Staff persons B and D are administering insulin to residents 1 and 3. Staff persons B and D have not been trained by a certified diabetes educator.

Plan of Correction

Do Not Accept

Staff persons administering insulin injections will have successfully completed a Department approved medication course including a written performance based competency test within 2 years and successfully completed a Department approved diabetes patient education program within the past 12 months. As of October 1, 2021, staff members B and D have completed both required trainings.

Update: 11/04/2021

Who will be responsible for ongoing compliance of this regulation?

Please send/attach proof of compliance. 11-4-2021 MM

Plan of Correction

Accept

Staff persons administering insulin injections will have successfully completed a Department approved medication course including a written performance based competency test within 2 years and successfully completed a Department approved diabetes patient education program within the past 12 months. As of October 1, 2021, staff members B and D have completed both required trainings. The administrator will be responsible for the ongoing compliance of this regulation. In addition, attached are the completed trainings of staff members B and D.

Completion Date: 10/29/2021

Update: 12/15/2021

Please send/Attach proof of staff training. 12-15-2021 MM

Document Submission

Implemented

Documents were attached on 10/29/2021. [redacted] have reattached the training.

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 of resident 9 dated [redacted] states that they require assistance with bladder management, but the RASP does not document how this need will be met.

Plan of Correction

Do Not Accept

The home will document in each resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services made available to the resident including referrals for outside services. RASP of resident 9 dated [redacted] states that they require assistance with bladder management. As of October 29, 2021 the RASP is updated to include bladder management, toilet checks every two hours and the use of disposable briefs to assist for incontinence production.

227d - Support Plan Medical/Dental (continued)

Update: 11/04/2021

Who will be responsible for ongoing compliance of this regulation?

Was staff retrained regarding the requirements of this regulation? 11-4-2021 MM

Plan of Correction**Accept**

The home will document in each resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services made available to the resident including referrals for outside services. RASP of resident 9 dated 0 [REDACTED] states that they require assistance with bladder management. As of October 29, 2021 the RASP is updated to include bladder management, toilet checks every two hours and the use of disposable briefs to assist for incontinence production. The administrator will be responsible for the ongoing compliance of this regulation. Staff were retrained on this regulation 10/29/21. Documentation of the covered topics of the training are attached.

Completion Date: 10/29/2021

Update: 12/15/2021

Please send/Attach proof of staff training. 12-15-2021 MM

Document Submission**Implemented**

Documents were attached on 10/29/2021. [REDACTED] have reattached the training.