

Department of Human Services  
Bureau of Human Service Licensing

March 3, 2022

[REDACTED]  
KAYMARIE BRIDDELL  
[REDACTED]

RE: VINE STREET MANOR  
230 NORTH 65TH STREET  
PHILADELPHIA, PA, 19139  
LICENSE/COC#: 14234

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 10/01/2021, 10/06/2021, 11/04/2021 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,  
Shawn Parker

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: *VINE STREET MANOR* License #: *14234* License Expiration: *11/02/2022*  
Address: *230 NORTH 65TH STREET, PHILADELPHIA, PA 19139*  
County: *PHILADELPHIA* Region: *SOUTHEAST*

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]  
*2158804641 / 334-303-0147*

**Legal Entity**

Name: *KAYMARIE BRIDDELL*  
Address: *9157 HOUNSBAY DRIVE, MONTGOMERY, AL, 36117*  
Phone: *2158804641* Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *Other* Date: *10/09/2010* Issued By: *City of Philadelphia, L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *69* Waking Staff: *52*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Complaint, Incident* Exit Conference Date: *11/04/2021*

**Inspection Dates and Department Representative**

*10/01/2021 - On-Site:* [REDACTED]  
*10/06/2021 - Off-Site:* [REDACTED]  
*11/04/2021 - Off-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *84* Residents Served: *65*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *0*

**Number of Residents Who:**

Receive Supplemental Security Income: *52* Are 60 Years of Age or Older: *37*  
Diagnosed with Mental Illness: *60* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *4* Have Physical Disability: *0*

Inspections / Reviews

10/01/2021 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/03/2022*

03/03/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *03/14/2022*

## 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

*Resident #1 did not receive any prescribed medications from 9/20/21 through 9/25/21. These medication errors were not reported to the Department.*

## Plan of Correction

Directed

*Medication staff and care supervisor have received additional consultation regarding the regulation requiring an incident report in cases of missed medication for any reason. Medication Staff and Care Supervisor will inform the Administrator in person or electronically immediately so that the administrator can send in the appropriate paperwork.*

*DPOC - SP - 03-03-2022*

*Within 5 calendar days receipt of this POC, the Administrator will develop an incident reporting policy. Incidents will be reported to the Department within 24 hours. Within 10 business days of receipt of this POC, the administrator shall audit existing incident reports and report any incidents that fit the criteria of 16c. The administrator shall develop incident reporting policies and a checklist within 10 business days receipt of this POC. Checklist to be updated whenever a reportable incident is made by administrator or designee. Policy should include method to audit compliance on an on-going basis. Staff to be trained within 10 business days receipt of POC. Documentation of the policy and staff training shall be provided to the Department for review within 10 business days of receipt of this POC.*

**Completion Date:**

## 42b - Abuse

## 1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

## Description of Violation

*On [REDACTED], resident #1 was found slumped over outside on a step, on the side of the home. The resident was later pronounced deceased by the paramedics. Resident #1 had a diagnosis of high blood pressure and heart disease. Medications prescribed included Amlodipine, Lisinopril, Metoprolol all of which were prescribed for high blood pressure. Resident #1 was discharged from the hospital and returned to the home on [REDACTED]. The resident did not begin receiving any prescribed medications until 9/26/21. The missed medications were not reported to the resident's physician. Resident #1 was also prescribed insulin three times per day, and had not been administered any insulin from 9/20/21 to 9/27/21. The Medication Administration Record is annotated indicating the resident refused the insulin, but the home did not contact the resident's physician to notify the physician of the refusal. Resident #1's hospital discharge paperwork indicates that resident #1 was to be on a special diet. The home did not have any options available to accommodate the resident's dietary needs.*

*The home failed to take appropriate action on [REDACTED] upon learning that resident #1 was outside the home and unresponsive. Staff member A found resident #1 after being alerted by a neighbor. Staff member A, who is certified in*

42b - Abuse (continued)

CPR, immediately went back into the home after seeing resident 1 slumped over, and did not attempt to perform CPR. Resident #1's death certificate states they died of Hypertensive heart disease and High blood pressure.

Plan of Correction

Directed

The discharging hospital indicated that any necessary medication will be ordered directly to the pharmacy. The resident was sent home via yellow cab after hours and withheld the discharge paperwork. Vine Street Manor is aware that covid-19 has caused a disruption in medication deliveries, therefore the home has adopted a strict policy requiring medication be sent ahead of a resident's arrival or the resident will be immediately returned to the discharging hospital. Medication Staff and Care Supervisor have received additional consultation of regulation requiring an incident report in case of missed medications. They will inform the Administrator of any missed medication passes immediately.

Staff person A found the resident unresponsive and checked vitals which indicated that the resident was deceased (cold to the touch and rigor mortis). Staff person A remained outside with the deceased and called emergency services using their personal cell phone.

DPOC - SP - 03-03-2022

Within 5 calendar days of receipt of this POC, the administrator shall develop a policy on residents rights. Policy shall include strong focus on abuse and neglect. The administrator will be responsible for reviewing and updating the policy annually. All staff shall be trained of the policy update/development within 10 business days receipt of this POC. Documentation of the policy and staff training shall be provided to the Department for review within 10 business days receipt of his POC.

Completion Date:

54a - Direct Care Staff

1. Requirements

2600.

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

- 1. Be 18 years of age or older, except as permitted in subsection (b).
- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
- 3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

Description of Violation

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

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

Plan of Correction

Directed

Direct care staff person B does currently have active registry status on the Pennsylvania nurse aide registry. Direct care staff person C has been removed from working as a direct care staff member until [redacted] file contains all of the required documents. The Administrator and supervisor will ensure that all required documents for direct care staff members are kept in their files and made available upon request.



**54a - Direct Care Staff (continued)**

All direct care staff who don't have the proper qualifications will be pulled from providing direct care immediately. The administrator shall develop a checklist on direct care staff within 10 business days receipt of this POC. Checklist to be updated whenever new direct care staff is hired. Policy should include method to audit compliance on an on-going basis. Staff to be trained within 10 business days receipt of POC. Documentation of the policy and staff training shall be provided to the Department for review within 10 business days of receipt of this POC.

**Completion Date:**

**57b - 1 Hour/Day****1. Requirements**

2600.

57.b. Direct care staff persons shall be available to provide at least 1 hour per day of personal care services to each mobile resident.

**Description of Violation**

On 9/27/21, there were 65 residents in the home, requiring a minimum of 69 hours of direct care service. On this day, only 64 hours of direct care staffing was provided.

**Plan of Correction****Directed**

Due to covid-19 the direct care staff schedule has been changed more frequently during this time period. Due to frequent schedule changes, there was miscommunication between direct care staff members. All staff members have been advised to stay on site until the following shift is present at the facility.

Please see attached schedule.

DPOC - SP - 03-03-2022

Within 5 calendar days receipt of this POC, the Administrator will develop a schedule where all personal care residents receive 1 hour personal care services a day from direct care staff. Within 10 business days of receipt of this POC, the administrator shall audit existing schedule to ensure proper hours are being provided. The administrator shall develop a schedule within 10 business days receipt of this POC.

**Completion Date:**

**57c - 2 Hours/Day****1. Requirements**

2600.

57.c. Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.

**Description of Violation**

On 9/27/21, there were 65 residents in the home, including 4 residents with mobility needs, requiring a total minimum of 69 hours of direct care service. On this date, only 64 hours of direct care staffing was provided.

**Plan of Correction****Directed**

Due to covid-19 the direct care staff schedule has been changed more frequently during this time period. Due to frequent schedule changes, there was miscommunication between direct care staff members. All staff members have been advised to stay on site until the following shift is present at the facility.

Please see attached schedule.

DPOC - SP - 03-03-2022

Within 5 calendar days receipt of this POC, the Administrator will develop a schedule where all personal care

**57c - 2 Hours/Day (continued)**

residents with mobility needs receive 2 hours personal care services a day from direct care staff. Within 10 business days of receipt of this POC, the administrator shall audit existing schedule to ensure proper hours are being provided. The administrator shall develop a schedule within 10 business days receipt of this POC.

**Completion Date:** 01/10/2022

**57d - Waking Hours****1. Requirements**

2600.

57.d. At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.

**Description of Violation**

On 9/27/21, a total of 69 hours of direct care was required. However, only 41 of the required hours, or 59 percent, were provided during waking hours.

**Plan of Correction****Directed**

Due to covid-19 the direct care staff schedule has been changed more frequently during this time period. Due to frequent schedule changes, there was miscommunication between direct care staff members about who was supposed to be on site. All staff members have been informed to stay on site until the following shift is present at the facility.

DPOC - SP - 03-03-2022

Within 5 calendar days receipt of this POC, the Administrator will develop a schedule where all personal care residents with mobility needs receive 2 hours personal care services a day from direct care staff. Within 10 business days of receipt of this POC, the administrator shall audit existing schedule to ensure proper hours are being provided. The administrator shall develop a schedule within 10 business days receipt of this POC.

**Completion Date:** 01/10/2022

**63d - Certified CPR Staff****1. Requirements**

2600.

63.d. A staff person who is trained in first aid or certified in obstructed airway techniques or CPR shall provide those services in accordance with his training, unless the resident has a do not resuscitate order.

**Description of Violation**

On [REDACTED], resident 1 was found slumped over and unresponsive. Staff member A who is certified in CPR was present and on duty at the time and failed to render assistance to the resident in accordance with the staff member's training.

**Plan of Correction****Directed**

CPR training instructs that a "response" be checked for before performing CPR. Staff person A checked the vitals of the resident and determined that the body was cold to the touch and has signs of rigor mortis. These are indications noted by CPR training that the person is deceased. CPR training indicates that it is inappropriate to perform CPR on the deceased. Staff person A called emergency services while next to the deceased and followed their instructions.

DPOC - SP - 03-03-2022

Within 5 calendar days of receipt of this POC, the administrator shall develop a policy on First Aid / CPR trained staff. Policy shall include CPR / First Aid staff coverage. The administrator will be responsible for reviewing and updating the policy annually. All staff shall be trained of the policy update/development within 10 business days

**63d - Certified CPR Staff (continued)**

receipt of this POC. Documentation of the policy and staff training shall be provided to the Department for review within 10 business days of receipt of this POC.

**Completion Date:**

**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.

**Description of Violation**

Direct care staff person C, hired on [REDACTED] began providing unsupervised ADL services on or about 5/30/21. 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**

Staff person C has been removed from working as a direct care staff worker until [REDACTED] file contains all of the necessary forms required by the state department. In the future, the Administrator and supervisor will ensure that all direct care staff members have the necessary paperwork required by the state kept in their files. All paperwork will be available upon request.

**Completion Date:** 01/09/2022

**2. 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.
  - 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 C, hired on [REDACTED] began providing unsupervised ADL services on or about 5/30/21. However, the staff person did not complete the following initial direct care staff person training:*

- 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.*
- 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.*

**Plan of Correction**

**Accept**

*Staff person C has been removed from working as a direct care staff worker until [REDACTED] file contains all of the necessary forms required by the state department. In the future, the Administrator and supervisor will ensure that all direct care staff members have the necessary paperwork required by the state kept in their files. All paperwork will be available upon request.*

**Completion Date:** 01/09/2022

141a 1-10 Medical Evaluation Information

**1. Requirements**

2600.

141a 1-10 Medical Evaluation Information (*continued*)

- 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 1's medical evaluations dated [REDACTED] and [REDACTED] did not include height, weight, and medication regimen.

**Plan of Correction****Directed**

These violation pre-date our current policy on documenting height and weight on all DMEs. Vine Street Manor's current policy declares that all medical evaluations forms be completely filled out by the physician.

DPOC - SP - 03-03-2022

Within 5 calendar days of receipt of this POC, the administrator shall audit all resident DME's for accuracy and completion. Within 10 business days receipt of this POC, administrator will coordinate and schedule with resident physicians to ensure all annual DME's are completed. All DME's will be kept in resident records for Department review. Administrator will develop a DME tracking checklist within 10 business days receipt of this POC.

**Completion Date:**

## 161d - Dietary Needs

**1. Requirements**

2600.

- 161.d. A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

**Description of Violation**

On [REDACTED], resident 1 was discharged from the hospital and returned to the home with a low sodium, low carbohydrate diet. However, the home's menu from 9/20/21 to 9/27/21 did not have any options to meet this dietary need.

**Plan of Correction****Directed**

Vine Street Manor's basic menu follows a regular low sodium and low carbohydrate diet. Special dietary options will be given as requested and as needed.

Please see attached menu.

DPOC - SP - 03-03-2022

Within 5 calendar days of receipt of this POC, the administrator shall develop a policy on residents dietary needs. Policy shall include special dietary needs such as low sodium or low sugar etc.. The administrator will be responsible for reviewing and updating the policy annually. All staff shall be trained of the policy update/development within 10 business days receipt of this POC. Documentation of the policy and staff training shall be provided to the Department for review within 10 business days receipt of his POC.

**Completion Date:**

## 187c - Refusal of Medication

## 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**

*On 9/21/21 at 9:00 am, 12:00 pm, and 5:00 pm, resident #1 refused to take a scheduled dose of Novolog Insulin. The home did not document the refusal in the resident's record and did not report the refusal to the prescriber within 24 hours.*

*On 9/22/21 at 9:00 am, 12:00 pm, and 5:00 pm, resident #1 refused to take a scheduled dose of Novolog Insulin. The home did not document the refusal in the resident's record and did not report the refusal to the prescriber within 24 hours.*

*On 9/23/21 at 9:00 am, 12:00 pm, and 5:00 pm, resident #1 refused to take a scheduled dose of Novolog Insulin. The home did not document the refusal in the resident's record and did not report the refusal to the prescriber within 24 hours.*

*On 9/24/21 at 9:00 am, 12:00 pm, and 5:00 pm, resident #1 refused to take a scheduled dose of Novolog Insulin. The home did not document the refusal in the resident's record and did not report the refusal to the prescriber within 24 hours.*

*On 9/25/21 at 9:00 am, 12:00 pm, and 5:00 pm, resident #1 refused to take a scheduled dose of Novolog Insulin. The home did not document the refusal in the resident's record and did not report the refusal to the prescriber within 24 hours.*

*On 9/26/21 at 9:00 am, 12:00 pm, and 5:00 pm, resident #1 refused to take a scheduled dose of Novolog Insulin. The home did not document the refusal in the resident's record and did not report the refusal to the prescriber within 24 hours.*

*On 9/27/21 at 9:00 am and 12:00 pm, resident #1 refused to take a scheduled dose of Novolog Insulin. The home did not document the refusal in the resident's record and did not report the refusal to the prescriber within 24 hours.*

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

*All medication staff members and care supervisor have been advised to report and document whenever medication is refused by a resident. Also, medication and incident reporting training for all medication staff members has been scheduled for 01/10/2022.*

*Please see attached.*

**Completion Date:** 01/10/2022

## 187d - Follow Prescriber's Orders

## 1. Requirements

2600.

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

**187d - Follow Prescriber's Orders (continued)****Description of Violation**

*Resident #1 is prescribed Amlodipine Tab 10 MG. However, this medication was not administered to resident #1 on 9/20/21 at 9:00 am, 9/21/21 at 9:00 am, 9/22/21 at 9:00 am, 9/23/21 at 9:00 am, 9/24 at 9:00 am, and 9/25/21 at 9:00 am because the medication was not available in the home.*

*Resident #1 is prescribed Aspirin 81 MG. However, this medication was not administered to resident #1 on 9/20/21 at 9:00 am, 9/21/21 at 9:00 am, 9/22/21 at 9:00 am, 9/23/21 at 9:00 am, 9/24 at 9:00 am, and 9/25/21 at 9:00 am because the medication was not available in the home.*

*Resident #1 is prescribed Benzotropine 0.5 MG. However, this medication was not administered to resident #1 on 9/20/21 at 9:00 am, 9/21/21 at 9:00 am, 9/22/21 at 9:00 am, 9/23/21 at 9:00 am, 9/24 at 9:00 am, and 9/25/21 at 9:00 am because the medication was not available in the home.*

*Resident #1 is prescribed Diphenhydramine 50 MG three times per day at 9:00 am, 5:00 pm, and 9:00 pm. However, this medication was not administered to resident #1 on 9/20/21, 9/21/21, 9/22/21, 9/23/21, 9/24, and 9/25/21 because the medication was not available in the home.*

*Resident #1 is prescribed Gabapentin 400 MG. However, this medication was not administered to resident #1 on 9/20/21 at 9:00 am, 9/21/21 at 9:00 am, 9/22/21 at 9:00 am, 9/23/21 at 9:00 am, 9/24 at 9:00 am, and 9/25/21 at 9:00 am because the medication was not available in the home.*

*Resident #1 is prescribed Haloperidol 5 MG twice per day at 9:00 am and 5:00 pm. However, this medication was not administered to resident #1 on 9/20/21, 9/21/21, 9/22/21, 9/23/21, 9/24, and 9/25/21 because the medication was not available in the home.*

*Resident #1 is prescribed Lisinopril 40 MG. However, this medication was not administered to resident #1 on 9/20/21 at 9:00 am, 9/21/21 at 9:00 am, 9/22/21 at 9:00 am, 9/23/21 at 9:00 am, 9/24 at 9:00 am, and 9/25/21 at 9:00 am because the medication was not available in the home.*

*Resident #1 is prescribed Metformin 1000 MG twice per day at 9:00 am and 5:00 pm. However, this medication was not administered to resident #1 on 9/20/21, 9/21/21, 9/22/21, 9/23/21, 9/24, and 9/25/21 because the medication was not available in the home.*

*Resident #1 is prescribed Hydrocortisone Cream 2.5% twice per day at 9:00 am and 9:00 pm. However, this medication was not administered to resident #1 on 9/20/21, 9/21/21, 9/22/21, 9/23/21, 9/24, and 9/25/21 because the medication was not available in the home.*

*Resident #1 is prescribed Metoprolol 25 MG twice per day at 9:00 am and 5:00 pm. However, this medication was not administered to resident #1 on 9/20/21, 9/21/21, 9/22/21, 9/23/21, 9/24, and 9/25/21 because the medication was not available in the home.*

**Plan of Correction****Directed**

*The discharging hospital indicated that any necessary medication will be ordered directly to the pharmacy. The resident was sent home via yellow cab after hours and withheld the discharge paperwork. Vine Street Manor is aware that covid-19 has caused a disruption in medication deliveries, therefore the home has adopted a strict policy*

**187d - Follow Prescriber's Orders (continued)**

requiring medication be sent ahead of a resident's arrival or the resident will be immediately returned to the discharging hospital. Medication Staff and Care Supervisor have received additional consultation of regulation requiring an incident report in case of missed medications. They will inform the Administrator of any missed medication passes immediately.

Please see attached.

DPOC - SP -03-03-2022

Within 3 calendar days receipt of this POC, the administrator will review all resident medication and doctors orders. Prescribed medication will be ordered and in the home immediately. Administrator will update policy and create a checklist within 10 business days receipt of this POC. Policy should include methods to audit compliance on an ongoing basis. Administrator will conduct audits and update checklist at least two times monthly. Medication Administration staff shall be trained on policy developments/updates within 10 business days receipt of POC. and then quarterly thereafter for a year. Documentation of the audit, checklist, and staff training shall be provided to the Department within 10 business days receipt of this POC.

**Completion Date:**

**2. Requirements**

2600.

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

**Description of Violation**

Hospital discharge summary shows resident #1 was ordered to take Metoprolol 25 mg Tab twice per day at 9:00 am and bedtime. Medication administration record shows Metoprolol was administered at 5:00 pm on 9/26/21.

Hospital discharge summary shows resident is ordered to take Haloperidol Tab 5 mg twice per day at 9:00 am and bedtime. Medication administration record shows Haloperidol Tab 5 mg was administered at 5:00 pm on 9/26/21.

**Plan of Correction****Directed**

All medication staff members and the care supervisor have received additional training to go over medication rules and regulations regarding basic reporting and documentation in case of missed medications or resident refusal. All medication staff members will inform the administrator of any missed medications immediately.

DPOC - SP -03-03-2022

Within 3 calendar days receipt of this POC, the administrator will review all resident medication and doctors orders. Prescribed medication will be ordered and in the home immediately. Administrator will update policy and create a checklist within 10 business days receipt of this POC. Policy should include methods to audit compliance on an ongoing basis. Administrator will conduct audits and update checklist at least two times monthly. Medication Administration staff shall be trained on policy developments/updates within 10 business days receipt of POC. and then quarterly thereafter for a year. Documentation of the audit, checklist, and staff training shall be provided to the Department within 10 business days receipt of this POC.

**Completion Date:**

**188b - Medication Error Reporting****1. Requirements**

2600.

188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

## 188b - Medication Error Reporting (continued)

**Description of Violation**

Resident #1 did not receive any prescribed medications from 9/20/21 through 9/25/21. These medication errors were not reported to the resident, the resident's designated person and the prescriber.

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

All medication staff members and the care supervisor have received additional training to go over medication rules and regulations regarding basic reporting and documentation in case of missed medications or resident refusal. All medication staff members will inform the administrator of any missed medications immediately.

Please see attached.

**Completion Date:** 01/10/2022

## 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 1's assessment, dated [REDACTED] does not include an assessment for shopping, obtaining, clean, seasonal clothing, and long-term memory.

Resident 1's assessment, dated [REDACTED] does not include an assessment for shopping, obtaining, clean, seasonal clothing, and long-term memory. This assessment is a copy of the assessment completed on [REDACTED] with only pages 1 and 12 updated.

**Plan of Correction****Directed**

Resident 1's current assessment, dated [REDACTED] includes an assessment for shopping, obtaining clean seasonal clothing and long-term memory. In the future, the administrator and care supervisor will ensure that all resident's RASPs include all pertinent information and are completely filled out.

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Within 5 calendar days of receipt of this POC, the administrator shall develop a policy on Resident Assessments and Support Plans (RASP). Policy shall include completion of initial RASP and follow-ups. The administrator will be responsible for reviewing and updating the policy annually. All staff shall be trained of the policy update/development within 10 business days receipt of this POC. Documentation of the policy and staff training shall be provided to the Department for review within 10 business days of receipt of this POC.

**Completion Date:**