

Department of Human Services
Bureau of Human Service Licensing

November 2, 2022

[REDACTED]
COLUMBIA/WEGMAN COLLEGEVILLE LLC
[REDACTED]
[REDACTED]

RE: THE LANDING OF COLLEGEVILLE
1421 SOUTH COLLEGEVILLE ROAD
COLLEGEVILLE, PA, 19426
LICENSE/COC#: 14261

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/03/2021, 11/04/2021, 11/05/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *THE LANDING OF COLLEGEVILLE* License #: *14261* License Expiration: *09/12/2022*
Address: *1421 SOUTH COLLEGEVILLE ROAD, COLLEGEVILLE, PA 19426*
County: *MONTGOMERY* Region: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *COLUMBIA/WEGMAN COLLEGEVILLE LLC*
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *06/30/2016* Issued By: *Upper Providence Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *95* Waking Staff: *71*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *11/05/2021*

Inspection Dates and Department Representative

11/03/2021 - On-Site: [REDACTED]
11/04/2021 - On-Site: [REDACTED]
11/05/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

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

Secured Dementia Care Unit

In Home: *Yes* Area: *Opal* Capacity: *35* Residents Served: *18*

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *74*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *21* Have Physical Disability: *0*

Inspections / Reviews

11/03/2021 - Full

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow Up Date: *12/11/2021*

01/11/2022 POC Submission

Submitted By: [REDACTED]

Date Submitted: *11/01/2022*

Reviewer: [REDACTED]

Follow Up Type: *POC Submission*Follow Up Date: *01/14/2022*

01/20/2022 POC Submission

Submitted By: [REDACTED]

Date Submitted: *11/01/2022*

Reviewer: [REDACTED]

Follow Up Type: *Document Submission*Follow Up Date: *01/23/2022*

11/02/2022 Document Submission

Submitted By: [REDACTED]

Date Submitted: *11/01/2022*

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On [REDACTED]/21, at [REDACTED] AM, resident records and resident's personal information were unlocked, unattended, and accessible in the Resident Services Director's Office and the Wellness Center, located next to each other on the first floor.

Repeat Violation: 01/26/2021

POC Submission

Accept

Resident information is kept in an inner office behind two closed doors. The door to the outer office is being replaced by a code lock to ensure door locks automatically.

The policy for confidentiality of records is maintained in the resident care office and has been reviewed with staff.

The Charge Nurse will ensure ongoing compliance with record confidentiality.

Licensee's Proposed Overall Completion Date: 12/31/2021

Document Submission

Implemented ([REDACTED] - 11/02/2022)

Resident information is kept in an inner office behind two closed doors. The door to the outer office is being replaced by a code lock to ensure door locks automatically.

The policy for confidentiality of records is maintained in the resident care office and has been reviewed with staff.

The Charge Nurse will ensure ongoing compliance with record confidentiality.

Licensee's Proposed Overall Completion Date: 12/31/2021

25b - Contract Signatures

2. Requirements

2600.

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

Description of Violation

The resident-home contract, dated [REDACTED]/21, for resident #1 was not signed by the administrator or by an administrator designee.

The resident-home contract, dated [REDACTED]/21, for resident #2 was not signed by the administrator or by an administrator designee.

Repeat Violation: 01/26/2021

POC Submission

Accept

The contracts for resident 1 and 2 were signed by community staff at the time of the survey and the copies were resent to the resident/ designated person.

The community will ensure the resident agreement is properly executed prior to issuing keys to the apartment.

The business office manager will ensure ongoing compliance.

25b - Contract Signatures (continued)

Licensee's Proposed Overall Completion Date: 12/31/2021

Document Submission

Implemented (█ - 11/02/2022)

The contracts for resident 1 and 2 were signed by community staff at the time of the survey and the copies were resent to the resident/ designated person.

The community will ensure the resident agreement is properly executed prior to issuing keys to the apartment.

The business office manager will ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 12/31/2021

44g - Telephone Number

3. Requirements

2600.

44.g. The telephone number of the Department's personal care home regional office, the local ombudsman or protective services unit in the area agency on aging, Pennsylvania Protection & Advocacy, Inc., the local law enforcement agency, the Commonwealth Information Center and the personal care home complaint hotline shall be posted in large print in a conspicuous and public place in the home.

Description of Violation

The posted telephone number for the local ombudsman is incorrect. Montgomery county changed the ombudsman program to be managed by CARIE starting January 01, 2021. Therefore, the telephone numbers of the local ombudsman is not posted in a conspicuous and public place in the home.

POC Submission

Accept

Carie was contacted to obtain updated contact information which was added to the resident notification board. The General Manager will ensure the information is in place during rounds.

Licensee's Proposed Overall Completion Date: 12/31/2021

Document Submission

Implemented (█ - 11/02/2022)

Carie was contacted to obtain updated contact information which was added to the resident notification board. The General Manager will ensure the information is in place during rounds.

Licensee's Proposed Overall Completion Date: 12/31/2021

51 Criminal Background Check

4. 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, hired █/21, does not have a criminal background check on file.

Repeat Violation: 01/26/2021

POC Submission

Accept

DHS-OLTL 55 Pa. Code § 2600.51 Regulatory suspension expired December 6, 2021.

51 - Criminal Background Check (continued)

This regulation was not in effect at the time in question.

The criminal history for staff person A was re-run and is in place.

Leisure Care communities conduct criminal histories on all employers prior to the date of hire.

The Business Office Coordinator will ensure all documentation is in place prior to the start of orientation.

Licensee's Proposed Overall Completion Date: 12/31/2021

Document Submission

Implemented (█ - 11/02/2022)

This regulation was not in effect at the time in question.

The criminal history for staff person A was re-run and is in place.

Leisure Care communities conduct criminal histories on all employers prior to the date of hire.

The Business Office Coordinator will ensure all documentation is in place prior to the start of orientation.

Licensee's Proposed Overall Completion Date: 12/31/2021

63a - First Aid/CPR Training**5. 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 █/21, from █ AM to █ PM and █ PM to █ AM on █/21, 74 residents were present in the home. During this time only 1 staff person was present in the home who was certified in first aid, obstructed airway techniques and CPR.

On █/21, from █ PM to █ PM and █ PM to █ AM on █/21, 74 residents were present in the home. During this time only 1 staff person was present in the home who was certified in first aid, obstructed airway techniques and CPR.

On █/21, from █ AM to █ PM, █ PM to █ PM and █ PM to █ AM on █/21, 74 residents were present in the home. During this time only 1 staff person was present in the home who was certified in first aid, obstructed airway techniques and CPR.

POC Submission

Accept

On Jan 6 2022 Staff Members updated their CPR Certifications at a live training. The Health and Wellness Director will monitor each schedule to ensure ongoing compliance with training.

Licensee's Proposed Overall Completion Date: 01/14/2022

Document Submission

Implemented (█ - 11/02/2022)

On Jan 6 2022 Staff Members updated their CPR Certifications at a live training. The Health and Wellness Director will monitor each schedule to ensure ongoing compliance with training.

Licensee's Proposed Overall Completion Date: 12/31/2021

65d - Initial Direct Care Training**6. Requirements**

2600.

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

65d - Initial Direct Care Training (continued)

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 A, hired on [REDACTED]/21, began providing unsupervised ADL services in [REDACTED]. However, the staff person did not complete and pass the Department-approved direct care training course and competency test.

POC Submission**Accept**

A copy of the Direct Care Training verification has been obtained for staff person A.

Direct Care Staff will not be scheduled for orientation until all certification are received and approved by the Health and Wellness Director

Licensee's Proposed Overall Completion Date: 12/31/2021

Document Submission**Implemented ([REDACTED] 11/02/2022)**

A copy of the Direct Care Training verification has been obtained for staff person A.

Direct Care Staff will not be scheduled for orientation until all certification are received and approved by the Health and Wellness Director

Licensee's Proposed Overall Completion Date: 12/31/2021

85d - Trash Receptacles**7. Requirements**

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On [REDACTED]/21, at approximately [REDACTED] PM, there were 3 partially full, uncovered, unattended trash cans in the main kitchen.

POC Submission**Accept**

New trash can lids were purchased for the kitchen. Education was provided to the kitchen management team regarding the regulation. The Cook will ensure trashcans are covered when not in use.

Licensee's Proposed Overall Completion Date: 12/31/2021

Document Submission**Implemented ([REDACTED] - 11/02/2022)**

New trash can lids were purchased for the kitchen. Education was provided to the kitchen management team regarding the regulation. The Cook will ensure trashcans are covered when not in use.

Licensee's Proposed Overall Completion Date: 12/31/2021

95 Furniture and Equipment**8. Requirements**

2600.

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

Description of Violation

The grab assist handle, attached to the bed in room [REDACTED] of the [REDACTED], provides a cushioned rectangular handle with bag attachment to assist resident getting in and out of bed. However, the rectangular handle has an opening in the middle that can present as a hazard to the resident.

95 - Furniture and Equipment (*continued*)**POC Submission****Accept**

The grab assist bar in room [REDACTED] has been covered. The [REDACTED] Manager will monitor to ensure the safety of all equipment during rounds.

Licensee's Proposed Overall Completion Date: 01/14/2022

Document Submission**Implemented ([REDACTED] 11/02/2022)**

The grab assist bar in room [REDACTED] has been covered. The [REDACTED] Manager will monitor to ensure the safety of all equipment during rounds.

Licensee's Proposed Overall Completion Date: 12/31/2021

103f - Refrigerator/Freezer Temps

9. 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

There was no thermometer in the ice cream freezer in the main kitchen.

POC Submission**Accept**

The thermometer had been removed for cleaning and was returned to the freezer during the survey. The kitchen management team was educated to the requirement, and the chef will ensure that the thermometer is returned after each cleaning.

Licensee's Proposed Overall Completion Date: 12/31/2021

Document Submission**Implemented ([REDACTED] 11/02/2022)**

The thermometer had been removed for cleaning and was returned to the freezer during the survey. The kitchen management team was educated to the requirement, and the chef will ensure that the thermometer is returned after each cleaning.

Licensee's Proposed Overall Completion Date: 12/31/2021

141b1 - Annual Medical Evaluation

10. Requirements

2600.

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

Description of Violation

Resident #3's most recent medical evaluation was completed on [REDACTED] 20. An additional medical evaluation has not been completed.

POC Submission**Accept**

DHS-OLTL 55 Pa. Code § 2600.141 (b) (1) Regulatory suspension expired December 6, 2021.

This regulation had been suspended at the time the time of the annual evaluation.

Appointments are currently being set with out of community physicians for updated evaluations.

141b1 - Annual Medical Evaluation (continued)

R-28 Health Care Practitioners Statement Policy: A Health Care Practitioners Statement, history and physical (H&P), or an equivalent summary of the resident's health status will be updated annually. Form R-2, Resident Agreement also informs resident of the annual requirement: If additional services are made available to and requested by Resident, or become necessary as evidenced by documented Owner service records or required annual medical evaluations

Licensee's Proposed Overall Completion Date: 02/28/2022

Document Submission

Implemented (█ - 11/02/2022)

DHS-OLTL 55 Pa. Code § 2600.141 (b) (1) Regulatory suspension expired December 6, 2021.

This regulation had been suspended at the time the time of the annual evaluation.

Appointments are currently being set with out of community physicians for updated evaluations.

R-28 Health Care Practitioners Statement Policy: A Health Care Practitioners Statement, history and physical (H&P), or an equivalent summary of the resident's health status will be updated annually. Form R-2, Resident Agreement also informs resident of the annual requirement: If additional services are made available to and requested by Resident, or become necessary as evidenced by documented Owner service records or required annual medical evaluations

Licensee's Proposed Overall Completion Date: 12/31/2021

183d - Prescription Current**11. Requirements**

2600.

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

Description of Violation

On 11/04/21, █ prescribed for resident #4, was in the home's medication cart; however, the medication expired on 11/03/21.

Repeat Violation: 01/26/21

POC Submission

Accept

A new medication had been ordered and was received on the 11/4 medication run by the pharmacy.

Medication will be ordered timely to ensure medication is available prior to expiration.

Ongoing compliance will be monitored by the Health and Wellness Director.

Licensee's Proposed Overall Completion Date: 12/31/2021

Document Submission

Implemented (█ 11/02/2022)

A new medication had been ordered and was received on the 11/4 medication run by the pharmacy.

Medication will be ordered timely to ensure medication is available prior to expiration.

Ongoing compliance will be monitored by the Health and Wellness Director.

Licensee's Proposed Overall Completion Date: 12/31/2021

184a - Resident's Meds Labeled**12. Requirements**

2600.

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

184a - Resident's Meds Labeled (continued)

Description of Violation

The pharmacy label for resident #4's [REDACTED] states - take 1 tablet by mouth twice daily if needed [REDACTED] The prescription order states to administer this medication once daily which staff have been following.

POC Submission

Accept

Verification of the once daily order was received from the physician at the time of the survey and a new labeled medication was received from the pharmacy. Scheduled audits will ensure ongoing compliance with label accuracy.

Licensee's Proposed Overall Completion Date: 12/31/2021

Document Submission

Implemented [REDACTED] - 11/02/2022)

Verification of the once daily order was received from the physician at the time of the survey and a new labeled medication was received from the pharmacy. Scheduled audits will ensure ongoing compliance with label accuracy.

Licensee's Proposed Overall Completion Date: 12/31/2021

185a - Implement Storage Procedures

13. 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 #2 is prescribed [REDACTED], [REDACTED]. On [REDACTED]/21 these medications were not available in the home.

On 11/05/21, at 9:42 AM, the glucometer used to check resident #4's blood glucose levels read the date and time as; 11/05/21 at 8:28 AM.

Resident #4 is prescribed blood sugar checks at 9:00 AM, 1:00 PM, 5:00 PM and 8:00 PM. However, resident #4's November, 2021 Medication Passing Detail - Blood Sugar Checks medication administration record does not indicate the correct recording of the resident's blood sugar readings for the following dates and times:

- 11/05/21 at 8:02 AM - glucometer reading of [REDACTED] recorded as [REDACTED]
- 11/04/21 at 4:59 PM - glucometer reading of [REDACTED] recorded as [REDACTED]
- 11/04/21 at 8:45 AM - glucometer reading of [REDACTED] recorded as [REDACTED]
- 11/03/21 at 7:17 PM - glucometer reading of [REDACTED] recorded as [REDACTED]
- 11/02/21 at 5:03 PM - glucometer reading of [REDACTED] recorded as [REDACTED]
- 11/02/21 at 12:15 PM - glucometer reading of [REDACTED] recorded as [REDACTED]
- 11/01/21 at 12:07 PM - glucometer reading of [REDACTED] recorded as [REDACTED]

Reading times are based on what is recorded on the Blood Sugar Checks record and do not necessarily reflect actual times of glucometer reading.

POC Submission

Accept

The resident glucometer was re calibrated for the correct time setting at the time of the survey and the times of administration were adjusted to better accommodate resident preference with physician approval.

The resident was educated regarding the need to allow the nurse to visualize the glucometer and to adhere to scheduled time. The Health and Wellness Director will ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 12/31/2021

Document Submission

Implemented [REDACTED] - 11/02/2022)

The resident glucometer was re-calibrated for the correct time setting at the time of the survey and the times of

185a - Implement Storage Procedures (continued)

administration were adjusted to better accommodate resident preference with physician approval. The resident was educated regarding the need to allow the nurse to visualize the glucometer and to adhere to scheduled time. The Health and Wellness Director will ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 12/31/2021

187b Date/Time of Medication Admin.**14. Requirements**

2600.

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

Description of Violation

On [REDACTED]/21, at 9:57 AM, per resident #4's glucometer, resident #4 was administered a blood sugar check. Staff person B did not record the date and time of administration until 12:07 PM.

On [REDACTED]/21, at 5:15 PM, per resident #4's glucometer, resident #4 was administered a blood sugar check. Staff person B did not record the date and time of administration until 7:17 PM.

On [REDACTED]/21, at 9:49 AM, per resident #4's glucometer, resident #4 was administered a blood sugar check. Staff person B did not record the time of administration until 12:24 PM.

On [REDACTED]/21, at 5:37 AM, per resident #4's glucometer, resident #4 was administered a blood sugar check. Staff person B did not record the time of administration until 8:03 AM.

On 1 [REDACTED] at 10:42 AM, per resident #4's glucometer, resident #4 was administered a blood sugar check. Staff person B did not record the time of administration until 12:15 PM.

On [REDACTED] at 5:51 AM, per resident #4's glucometer, resident #4 was administered a blood sugar check. Staff person B did not record the time of administration until 8:16 AM.

Repeat Violation: 01/26/2021

POC Submission**Accept**

The resident glucometer was re-calibrated for the correct time setting at the time of the survey and the times of administration were adjusted to better accommodate resident preference with physician approval.

The resident was educated regarding the need to allow the nurse to visualize the glucometer and to adhere to scheduled time. The Health and Wellness Director will ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 12/31/2021

Document Submission**Implemented ([REDACTED] - 11/02/2022)**

The resident glucometer was re-calibrated for the correct time setting at the time of the survey and the times of administration were adjusted to better accommodate resident preference with physician approval.

The resident was educated regarding the need to allow the nurse to visualize the glucometer and to adhere to scheduled time. The Health and Wellness Director will ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 12/31/2021

187d - Follow Prescriber's Orders**15. Requirements**

2600.

187d - Follow Prescriber's Orders (continued)

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

Description of Violation

Resident #2 is prescribed [REDACTED] 35 mg - take 1 tab once a week per Medication Administrator Record. However, resident #2 was administered one 70 mg tablet once a week since [REDACTED]/21, when this medication was last filled per the medication label.

Resident #4 is prescribed blood sugar checks at 9:00 AM, 1:00 PM, 5:00 PM and 8:00 PM. The resident's glucometer is not calibrated to the correct date and time, it is approximately 1 hr. and 15 minutes behind the actual time. On several occasions it can be determined that staff are checking resident #4s blood sugar levels outside the prescribed window as follows:

- 11/05/2021 9:00 AM reading, glucometer shows time of 5:40 AM, actual time for this reading would be 6:55 AM,
- 11/04/2021 1:00 PM reading, glucometer shows time of 9:57 AM, actual time for this reading would be 11:12 AM,
- 11/04/2021 9:00 AM reading, glucometer shows time of 6:11 AM, actual time for this reading would be 7:26 AM,
- 11/03/2021 8:00 PM reading, glucometer shows time of 5:15 PM, actual time for this reading would be 6:30 PM,
- 11/03/2021 1:00 PM reading, glucometer shows time of 9:49 AM, actual time for this reading would be 11:04 AM,
- 11/03/2021 9:00 AM reading, glucometer shows time of 5:37 AM, actual time for this reading would be 6:52 AM,
- 11/02/2021 9:00 AM reading, glucometer shows time of 5:51 AM, actual time for this reading would be 7:06 AM,

Repeat Violation: 01/26/2021

POC Submission**Accept**

The order for resident #8 was clarified with the physician and the team was re-educated about clarifying order discrepancies.

The resident glucometer was re-calibrated for the correct time setting at the time of the survey and the times of administration were adjusted to better accommodate resident preference with physician approval.

The resident was educated regarding the need to allow the nurse to visualize the glucometer and to adhere to scheduled time. The Health and Wellness Director will ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 12/31/2021

Document Submission**Implemented ([REDACTED] 11/02/2022)**

The order for resident #8 was clarified with the physician and the team was re-educated about clarifying order discrepancies.

The resident glucometer was re-calibrated for the correct time setting at the time of the survey and the times of administration were adjusted to better accommodate resident preference with physician approval.

The resident was educated regarding the need to allow the nurse to visualize the glucometer and to adhere to scheduled time. The Health and Wellness Director will ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 12/31/2021

190a - Completion Medication Course**16. 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.

190a - Completion Medication Course (continued)

Description of Violation

Staff person C, who has not successfully completed the Department-approved medications administration course including annual practicums, administered medications to residents to include the following:

- On [REDACTED]/21, at 9:00 AM, staff person C checked resident #2's blood sugar, administered 9:00 AM medication; [REDACTED]
- On [REDACTED]/21, at 1:00 PM, staff person C checked resident #2's blood sugar. ■

POC Submission

Accept

The Health and Wellness Director and the Opal Manager are now registered to take the Medication Train the Trainer class. The Health and Wellness Director will monitor ongoing compliance with training documentation requirements. Staff who does not have up to date training documents will not provide assistance with medication administration.

Licensee's Proposed Overall Completion Date: 01/14/2022

Document Submission

Implemented [REDACTED] 11/02/2022)

The Health and Wellness Director and the Opal Manager are now registered to take the Medication Train the Trainer class. The Health and Wellness Director will monitor ongoing compliance with training documentation requirements. Staff who does not have up to date training documents will not provide assistance with medication administration.

Licensee's Proposed Overall Completion Date: 12/31/2021

224a - Preadmission Screen Form

17. 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 #2 was admitted to the home on [REDACTED]/21; however, the resident's preadmission screening form was completed on [REDACTED]/21.

Repeat Violation: 01/26/2021

POC Submission

Accept

All residents have a current and appropriate assessment and support plan. The community will complete assessments per the standards set forth by the State of Pennsylvania and Leisure Care communities. These standards will be reviewed with soon to be hired Department Manager and monitored by the General Manager for ongoing compliance.

Licensee's Proposed Overall Completion Date: 12/31/2021

Document Submission

Implemented [REDACTED] - 11/02/2022)

All residents have a current and appropriate assessment and support plan. The community will complete assessments per the standards set forth by the State of Pennsylvania and Leisure Care communities. These standards will be reviewed with soon to be hired Department Manager and monitored by the General Manager for ongoing compliance.

Licensee's Proposed Overall Completion Date: 12/31/2021

225a - Assessment 15 Days

18. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

An assessment was not completed for resident #2, who was admitted to the home on [REDACTED]/21. The home is using an internal form titled LC Assessment/Evaluation and Service Planning; however, this document does not capture all the necessary information as outlined in the Resident Assessment and Support Plan (RASP).

Resident #3 was admitted on [REDACTED]/20; however, the resident's assessment was not completed until [REDACTED]/20.

An assessment was not completed for resident #5, who was admitted to the home on [REDACTED]/21. The home is using an internal form titled LC Assessment/Evaluation and Service Planning; however, this document does not capture all the necessary information as outlined in the Resident Assessment and Support Plan (RASP).

POC Submission

Accept

All residents have a current and appropriate assessment and support plan.

The community will complete assessments per the standards set forth by the State of Pennsylvania and Leisure Care communities. These standards will be reviewed with soon to be hired Department Manager and monitored by the General Manager for ongoing compliance.

Licensee's Proposed Overall Completion Date: 02/28/2022

Document Submission

Implemented ([REDACTED] - 11/02/2022)

All residents have a current and appropriate assessment and support plan.

The community will complete assessments per the standards set forth by the State of Pennsylvania and Leisure Care communities. These standards will be reviewed with soon to be hired Department Manager and monitored by the General Manager for ongoing compliance.

Licensee's Proposed Overall Completion Date: 12/31/2021

227a - Support Plan 30 Days

19. Requirements

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

A full and complete support plan has not been completed for resident #2, who was admitted to the home on [REDACTED] 21. The home is using an internal form titled LC Assessment/Evaluation and Service Planning; however, this document does not capture all the necessary information as outlined in the Resident Assessment and Support Plan (RASP).

Resident #3 was admitted on [REDACTED]/20; however, the resident's initial support plan was not completed until [REDACTED]/20.

A full and complete support plan has not been completed for resident #5, who was admitted to the home on [REDACTED]/21. The home is using an internal form titled LC Assessment/Evaluation and Service Planning; however, this document does not capture all the necessary information as outlined in the Resident Assessment and Support Plan (RASP).

227a - Support Plan 30 Days (continued)

POC Submission

Accept

All residents have a current and appropriate assessment and support plan.

The community will complete assessments per the standards set forth by the State of Pennsylvania and Leisure Care communities. These standards will be reviewed with soon to be hired Department Manager and monitored by the General Manager for ongoing compliance.

Licensee's Proposed Overall Completion Date: 02/28/2022

Document Submission

Implemented [redacted] - 11/02/2022)

All residents have a current and appropriate assessment and support plan.

The community will complete assessments per the standards set forth by the State of Pennsylvania and Leisure Care communities. These standards will be reviewed with soon to be hired Department Manager and monitored by the General Manager for ongoing compliance.

Licensee's Proposed Overall Completion Date: 12/31/2021

227d - Support Plan Medical/Dental

20. 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 assessment for resident #1, dated [redacted]/21, lists "none" under sensory need - Vision. Resident #1 wears glasses and the resident's support plan does not document how this need will be met.

POC Submission

Accept

Resident #1 does not have a vision need requiring staff intervention, as [redacted] is capable of caring for and wearing [redacted] glasses, verbalizing changes in vision, and scheduling and attending eye appointments without assistance.

The assessment has been updated to reflect the independent use of glasses, and staff has been educated to document independent use in lieu if no need when staff intervention is not required.

Licensee's Proposed Overall Completion Date: 12/31/2021

Document Submission

Implemented [redacted] 11/02/2022)

Resident #1 does not have a vision need requiring staff intervention, as [redacted] is capable of caring for and wearing [redacted] glasses, verbalizing changes in vision, and scheduling and attending eye appointments without assistance.

The assessment has been updated to reflect the independent use of glasses, and staff has been educated to document independent use in lieu if no need when staff intervention is not required.

Licensee's Proposed Overall Completion Date: 12/31/2021

227g -Support Plan Signatures

21. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

227g -Support Plan Signatures (continued)

Description of Violation

Resident #2 participated in the development of his/her support plan on [REDACTED]/21. However, the resident did not sign the support plan.

Resident #5 participated in the development of his/her support plan on [REDACTED]/21. However, the resident did not sign the support plan.

Resident #6 participated in the development of his/her support plan on [REDACTED]/21. However, the resident did not sign the support plan.

POC Submission

Accept

Residents 2,5 and 6 have received new copies of their support plan which has been documented. Residents will be offered the opportunity to sign support plans while will be documented by staff completing the reviews. The Health and Wellness Director will monitor ongoing compliance.

Licensee's Proposed Overall Completion Date: 12/31/2021

Document Submission

Implemented [REDACTED] - 11/02/2022)

Residents 2,5 and 6 have received new copies of their support plan which has been documented. Residents will be offered the opportunity to sign support plans while will be documented by staff completing the reviews. The Health and Wellness Director will monitor ongoing compliance.

Licensee's Proposed Overall Completion Date: 12/31/2021

231c - Preadmission Screening

22. Requirements

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident #6 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]/20. However, the resident's written cognitive preadmission screening was not completed.

POC Submission

Accept

A cognitive screening has been completed for resident 6, who had transferred internally from personal care to the secure dementia care unit. Staff were re-educated re: need for a preadmission screen prior to transfer. The Health and Wellness Director will monitor ongoing compliance,

Licensee's Proposed Overall Completion Date: 12/31/2021

Document Submission

Implemented [REDACTED] 11/02/2022)

A cognitive screening has been completed for resident 6, who had transferred internally from personal care to the secure dementia care unit. Staff were re-educated re: need for a preadmission screen prior to transfer. The Health and Wellness Director will monitor ongoing compliance,

Licensee's Proposed Overall Completion Date: 12/31/2021

231e - No Objection Statement

23. Requirements

2600.

231.e. Each resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

Description of Violation

Resident #6 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED] 20. The home has no documentation that the resident and the resident's designated person have not objected to the admission.

POC Submission**Accept**

Resident 6 has documentation on the resident assessment and support plan indicating they and their designated person have not objected to the secure dementia unit.

The resident agreement has been amended to include this documentation that the resident and the resident's designated person have not objected to the admission.

The General Manager will ensure all residents and designated persons are signing the amended agreement,

Licensee's Proposed Overall Completion Date: 12/31/2021

Document Submission**Implemented [REDACTED] - 11/02/2022)**

Resident 6 has documentation on the resident assessment and support plan indicating they and their designated person have not objected to the secure dementia unit.

The resident agreement has been amended to include this documentation that the resident and the resident's designated person have not objected to the admission.

The General Manager will ensure all residents and designated persons are signing the amended agreement,

Licensee's Proposed Overall Completion Date: 12/31/2021

233c Key Locking Devices**24. 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 Stair 2 in the Secure Dementia Care Unit (SDCU).

POC Submission**Accept**

The key code was replaced at the back door at the time of the survey.

The SDCU Manage will ensure that the code is in place during rounds and will be replaced as needed

Licensee's Proposed Overall Completion Date: 12/31/2021

Document Submission**Implemented [REDACTED] - 11/02/2022)**

The key code was replaced at the back door at the time of the survey.

The SDCU Manage will ensure that the code is in place during rounds and will be replaced as needed

Licensee's Proposed Overall Completion Date: 12/31/2021

234a - Admission Support Plan**25. Requirements**

2600.

234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

234a - Admission Support Plan (continued)

Description of Violation

Resident #5 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]/21. However, the resident's initial support plan has not been completed.

POC Submission**Accept**

All residents have a current and appropriate assessment and support plan.

The community will complete assessments per the standards set forth by the State of Pennsylvania and Leisure Care communities. These standards will be reviewed with soon to be hired Department Manager and monitored by the General Manager for ongoing compliance.

Licensee's Proposed Overall Completion Date: 12/31/2021

Document Submission**Implemented [REDACTED] - 11/02/2022)**

All residents have a current and appropriate assessment and support plan.

The community will complete assessments per the standards set forth by the State of Pennsylvania and Leisure Care communities. These standards will be reviewed with soon to be hired Department Manager and monitored by the General Manager for ongoing compliance.

Licensee's Proposed Overall Completion Date: 12/31/2021

251c - Standardized Forms

26. Requirements

2600.

251.c. The home shall use standardized forms to record information in the resident's record.

Description of Violation

Resident #2's Resident Assessment and Support Plan, dated [REDACTED]/21, was not completed on the Department's current standardized form.

Resident #5's Resident Assessment and Support Plan, dated [REDACTED]/21, was not completed on the Department's current standardized form.

POC Submission**Accept**

All residents have a current and appropriate assessment and support plan.

The community will complete assessments per the standards set forth by the State of Pennsylvania and Leisure Care communities. These standards will be reviewed with soon to be hired Department Manager and monitored by the General Manager for ongoing compliance.

Licensee's Proposed Overall Completion Date: 12/31/2021

Document Submission**Implemented [REDACTED] - 11/02/2022)**

All residents have a current and appropriate assessment and support plan.

The community will complete assessments per the standards set forth by the State of Pennsylvania and Leisure Care communities. These standards will be reviewed with soon to be hired Department Manager and monitored by the General Manager for ongoing compliance.

Licensee's Proposed Overall Completion Date: 12/31/2021