

Department of Human Services
Bureau of Human Service Licensing

December 14, 2021

[REDACTED]
STATESMAN WOODS AID OPCO LLC
2619 TRENTON ROAD
LEVITTOWN, PA, 19056

RE: WOODBOURNE PLACE
2619 TRENTON ROAD
LEVITOWN, PA, 19056
LICENSE/COC#: 13955

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 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.

Sincerely,

Enclosure
Licensing Inspection Summary (LIS)

Shawn Parker

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: WOODBOURNE PLACE **License #:** 13955 **License Expiration:**
Address: 2619 TRENTON ROAD, LEVITOWN, PA 19056
County: BUCKS **Region:** SOUTHEAST

Administrator

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

Legal Entity

Name: STATESMAN WOODS AID OPCO LLC
Address: 2619 TRENTON ROAD, LEVITTOWN, PA, 19056
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 05/06/1997 **Issued By:** Township of Middletown

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 47 **Waking Staff:** 35

Inspection Information

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

Inspection Dates and Department Representative

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

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

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 48 **Resident Served:** 42

Secured Dementia Care Unit

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

Hospice

Current Resident: 4

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Year of Age or Older:** 42
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 1
Have Mobility Need: 5 **Have Physical Disability:** 37

Inspections / Reviews

11/04/2021 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 12/02/2021

Inspection Dates and Department Representative (*continued*)

11/04/2021 - POC Submission

Reviewer: [REDACTED] Follow Up Type: *Document Submission* Follow Up Date: *12/17/2021*

11/04/2021 Document Submission

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

51 - Criminal Background Check

Staffing

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 Member A was hired on [REDACTED] Their criminal background history check wasn't completed until 6/2/21.

Document Submission

- On 12/02/2021 the Executive Director (ED) was educated by the Regional Executive Director (RED) on requirements set within regulation 2600.51 (Exhibit A1 – In-service)
- By 12/10/21 the ED will audit current personnel files to ensure a criminal history check was completed for each employee. For instances indicating a criminal history check was not performed, the staff member will be placed on administrative leave pending a result of their criminal history check (Exhibit A2 – Audit tool)
- The ED or designee will audit, if applicable, one newly hired personnel pre-employment checklist weekly x 4 weeks, bi-weekly x 4 weeks, and monthly x 1 to ensure a criminal history check was performed. (Exhibit A3 – Audit tool)
- Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance.
- Completion date 03/15/22.

Completion Date: 03/15/2022

Document Submission

Implemented

see attachments

Completion Date: 12/14/2021

65d - Initial Direct Care Training

Staffing

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 A, hired on [REDACTED], began providing unsupervised ADL services before 6/29/21. However, the staff person did not complete and pass the Department-approved direct care training course and pass the competency test until 6/29/21.

Document Submission

- On 12/02/21 the Executive Director (ED) was educated by the Regional Director of Care Services (RDCS) on requirements set within regulation 2600.65d (Exhibit B1 – In-service)
- By 12/15/21 the ED will audit current direct-care personnel files to ensure the Department-approved direct care training course was completed and the associated competency assessment was passed. For instances indicating the

Staffing (continued)

course or competency were not taken and/or passed, the staff member will be placed on administrative leave or removed from a direct-care position pending completion of the course and a passed competency assessment (Exhibit B2 – Audit tool)

- The ED or designee will audit, if applicable, one newly hired or promoted direct-care personnel record weekly x 4 weeks, bi-weekly x 4 weeks and monthly x 1 to validate the employee completed and passed the Department-approved direct care training course prior to performing direct care. (Exhibit B3 – Audit tool)
- Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance.
- Completion date 03/28/22.

Completion Date: 03/28/2022

Document Submission

Implemented

see attachment

Completion Date: 12/14/2021

86b - Bathroom

Physical Site

1. Requirements

2600.

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

Description of Violation

The bathrooms in resident bedrooms [redacted] and [redacted], do not have an operable window or ventilation fan.

Document Submission

- On 12/02/21 the bathroom ventilation fans in rooms [redacted] and [redacted] were repaired by [redacted]. (Exhibit C1 Work order)
- On 12/02/21 The RED educated the ED and Maintenance Supervisor (MS) on the requirements set within regulation 2600.86b. (Exhibit C2 In service)
- On 12/01/21 the MS validated the operability of resident bathroom ventilation fans within the community. (Exhibit C3 Audit tool)
- The MS or designee will audit five resident bathroom ventilation fans weekly x 4 weeks, bi weekly x 4 weeks, and monthly x 1 to ensure operability and validate compliance. (Exhibit C4 Audit tool)
- Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance.
- Completion date 02/28/2022

Completion Date: 02/28/2022

Document Submission

Implemented

see attachment

Completion Date: 12/14/2021

91 - Telephone Numbers

Physical Site

1. Requirements

2600.

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

Description of Violation

On 11/4/21 at 1:30pm, there were no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in the kitchen.

Document Submission

- On 12/01/21 the ED posted the phone number of the nearest hospital and fire department near the telephone in the kitchen. (Exhibit D1 – photo)
- On 12/02/21 the RED educated the ED on the requirements set within regulation 2600.91. (Exhibit D2 – In-service)
- On 11/22/21 the ED audited the presence of required emergency telephone numbers on the telephones within the community. Phones noted without the required telephone numbers, were labeled with the numbers at the time of the audit. (Exhibit D3- Audit tool)
- On 12/06/21 the ED or designee will audit the presence of required emergency telephone numbers on 5 telephones within the community weekly x 4, biweekly x 4, and monthly x 1 to validated compliance. (Exhibit D4- Audit tool)
- Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance.
- Completion date 02/28/22

Completion Date: 02/28/2022

Document Submission

see attachment

Completion Date: 12/14/2021

Implemented

96a - First Aid Kit

Physical Site

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

On 11/4/21 at 1:20pm, the first aid kit in the wellness office did not include tweezers.

Document Submission

- On 11/04/21 the ED placed tweezers into the first aid kit located in the wellness office.
- On 12/02/21 the RDCS educated the CSM on the requirements set within 2600.96a. (Exhibit E1 – In-service)
- On 11/08/21 the ED audited the contents of the homes first aid kits to validate compliance. (Exhibit E2- Audit tool).
- The ED or designee will audit the homes first aid kits weekly x 4, biweekly x 4, and monthly x 1 to ensure the presence of required contents and validate compliance. (Exhibit E3- Audit tool)
- Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued

Physical Site (continued)

auditing is necessary based on three consecutive months of compliance.

- *Completion date 02/28/22.*

Completion Date: 02/28/2022

Document Submission

Implemented

see previous attachment

Completion Date: 12/14/2021

103g - Storing Food

Physical Site

1. Requirements

2600.

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

Description of Violation

On 11/4/21 at 1:35pm, there were 2 bags of eggplant patties and 1 bag of fries in the freezer that were opened and unsealed.

Document Submission

- *On 11/04/21 the ED removed discarded the two open bags of eggplant patties and one bag of fries from the freezer.*
- *On 11/05/21 the ED audited the contents of the freezers, refrigerators, and pantry to ensure food was stored in closed or sealed containers. (Exhibit F1- Audit tool)*
- *On 12/03/21 the ED educated the Chef on the requirements set within regulation 2600.103.g. (Exhibit F2 – In-service)*
- *The Chef or designee will audit the homes freezers, refrigerators, and pantry weekly x 4, bi-weekly x 4, and monthly 1 to ensure food is kept in closed or sealed containers (Exhibit F3- Audit tool)*
- *Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance.*
- *Completion date 02/28/22.*

Completion Date: 02/28/2022

Document Submission

Implemented

see previous attachment

Completion Date: 12/14/2021

103i - Outdated Food

Physical Site

1. Requirements

2600.

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

Description of Violation

On 11/4/21 at 1:35pm, there were 2 bags of eggplant patties and 1 bag of fries in the freezer that were unlabeled and

103.i. (continued) Outdated or spoiled food or dented cans may not be used. undated in the kitchen freezer.

Document Submission

- On 11/04/21 the ED removed and discarded the two open bags of eggplant patties and one bag of fries from the freezer.
- On 11/05/21 the ED audited the contents of the freezers, refrigerators, and pantry to ensure food was labeled, dated, and not kept past the expiration date.(Exhibit G1–Audit tool)
- On 12/03/21 the ED educated the Chef on the requirements set within regulation 2600.103.i. (Exhibit G2 – In-service)
- The Chef or designee will audit the homes freezers, refrigerators, and pantry weekly x 4, bi-weekly x 4, and monthly 1 to ensure food is labeled, dated, and not kept past the expiration date. (Exhibit G3 – Audit tool)
- Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance.
- Completion date 02/28/22.

Completion Date: 02/28/2022

Document Submission

Implemented

see previous attachment

Completion Date: 12/14/2021

162c - Menus Posted

Nutrition

1. Requirements

2600.

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

Description of Violation

On 11/4/21, the home's menu for the week of 11/7/21-11/13/21 was not posted.

Document Submission

- On 11/04/21 the ED conspicuously posted the home's menu for the week of 11/7/21-11/13/21.
- On 12/03/21 the ED educated the Chef on the requirements set within regulation 2600.162.c (Exhibit H1- In-service)
- The ED or designee will audit the presence of the home's menus, ensuring weekly menus are posted 1 week in advance in a conspicuous location within the home, weekly x 4 week, bi-weekly x 4 weeks, and monthly x 1 to alidate compliance (Exhibit H2 – Audit tool)
- Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance.
- Completion date 02/28/22.

Completion Date: 02/28/2022

Document Submission

Implemented

see previous attachment

Completion Date: 12/14/2021

183a - Original Containers and Injections

Medications

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

Resident #5 is prescribed Tramadol HCL Tab 50MG. Pills #3 and #12 are taped over on the blister pack.

Document Submission

- Resident #5 did not experience a negative affect related to this finding.
- On 11/05/21 at the receipt of a discontinuation order from the prescriber, a licensed nurse and medication technician removed and destroyed the tramadol pills, including pills #3 and #12 from the controlled substance count. Exhibit 00 – destruction log)
- On 12/02/21 the RDCS educated the ED on the requirements set within 2600.183.a (Exhibit i2 -In-service)
- the ED, also the homes dedicated medication technician Train-the-Trainer, reeducated the medication technicians on the requirements set within 183.a. (Exhibit i3 – In-service)
- The ED will audit the integrity of the back of each controlled medication blister card weekly x4 weeks, bi-weekly x 4 weeks, and monthly x 1 to validate compliance. (Exhibit i4 – Audit tool)
- Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance.
- Completion date 02/28/22.

Completion Date: 02/28/2022

Document Submission

see previous attachment

Completion Date: 12/14/2021

Implemented

183b - Meds and Syringes Locked

Medications

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

On 11/4/21 at 9:00am, The medication cart was unlocked, unattended, and accessible in the hallway at the entrance to the home.

Document Submission

- On 11/4/21 the ED was present at the time of this finding and locked the medication cart.
- On 11/4/21 the ED conducted an inventory audit, no discrepancies were noted as a result of the unlocked cart. Exhibit j1- Audit tool)
- 12/3/21 the ED, also the homes dedicated medication technician Train-the-Trainer, reeducated the medication

Medications (continued)

technician who was assigned to the cart on 11/4/2021. (Exhibit j2 – Audit tool)

- 12/3/21 the ED educated medication technicians on the requirements set within 2600.183b (Exhibit j3 – Audit Tool)
- The ED or designee will audit the security of the medication cart weekly x 4 weeks, bi-weekly x 4 weeks, and monthly x 1 to validate compliance. (Exhibit j4 – Audit tool)
- Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance.
- Completion date 02/28/21.

Completion Date: 02/28/2022

Document Submission

Implemented

see previous attachment

Completion Date: 12/14/2021

183e - Storing Medications

Medications

1. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 11/5/21 at 10:15am there was 1 loose white pill with "PAC20" printed on it in Med cart B

Document Submission

- On 11/05/21 the loose pill, identified by the ED to be famotidine 20mg, was removed from the medication cart and discarded by the ED.
- On 11/5/21 the ED audited medication cart A and B for the presence of loose pills. No additional loose pills were noted. (Exhibit k1 – Audit tool)
- On 12/3/21 the ED educated the medication technicians on the requirements set within regulation 2600.183e. Exhibit k2 – In-service)
- The ED or designee will audit the homes medication carts for the presence of loose pills weekly x 4 weeks, bi-weekly 4 weeks, and monthly x 1 to validate compliance. (Exhibit k3 – Audit tool)
- Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance.
- Completion date 02/28/21

Completion Date: 02/28/2022

Document Submission

Implemented

see previous attachment

Completion Date: 12/14/2021

183f - Discontinued Medications

Medications

1. Requirements

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

Resident #1 is prescribed Lantus Solo inj 100/ml. However, the resident's Lantus on Med cart B expired on 10/31/21.

Document Submission

- Resident #1 did not suffer a negative affect related to this finding.
- On 11/5/21 the ED removed the expired Lantus Solo inj 100/ml from med cart B.
- On 11/5/21, at the time of the finding, a non-expired Lantus Solo inj 100/ml was issued to Resident #1 and placed within med cart B by the ED.
- On 11/5/21 the ED audited the contents of Med cart A and B; no additional expired medications were noted. (Exhibit 1) (Audit tools)
- On 12/2/21 the RDCS educated the ED on the requirements set within regulation 2600.183f. (Exhibit 12)
- The ED or designee will audit the homes medication carts for expired medications weekly x 4 weeks, bi-weekly x 4 weeks, and monthly x 1 to validate compliance. (Exhibit 13 – Audit tool)
- Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance.
- Completion date 02/28/21

Completion Date: 02/28/2022

Document Submission

see previous attachment

Completion Date: 12/14/2021

Implemented

184a - Labeling OTC/CAM

Medications

1. Requirements

2600.

- 184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
1. The resident's name.
 2. The name of the medication.
 3. The date the prescription was issued.
 4. The prescribed dosage and instructions for administration.
 5. The name and title of the prescriber.

Description of Violation

Resident #1 is prescribed Metformin Tab 500MG take one tablet by mouth twice daily. However, the medication label reads take 1 tab by mouth once daily.

Medications (continued)

Document Submission

- Resident #1 did not suffer a negative effect related to this finding.
- On 11/5/21 the physician clarified the order, to read "One pill by mouth twice daily". A "Refer to MAR, directions changed" sticker was placed near the Metformin Tab 500mg label, prompting the medication technician to refer to the Medication Administration Record. (Exhibit m1 – order)
- On 11/5/21 the ED notified the pharmacy of the order clarification to ensure future medication dispenses are abeled correctly.
- On 12/02/21 the RDCS educated the ED on the requirements set within regulation 2600.184.a. (Exhibit m2- In-service)
- By 12/15/21 the ED or designee will audit current resident medication orders to ensure the medication labels correctly correspond to their respective order. (Exhibit m3 – Audit tool)
- The ED or designee will audit current 3 resident medication orders weekly x 4 weeks, bi-weekly x 4 weeks, then monthly x 1 to ensure the medication labeled correspond correctly to their respective order. (Exhibit 00 – audit tool)
- Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance.
- Completion date 03/15/22.

Completion Date: 03/15/2022

Document Submission

Implemented

see previous attachment

Completion Date: 12/14/2021

185a - Implement Storage Procedures

Medications

1. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #1's glucometer is not calibrated to correct date and time. On 11/5/21 at 10:00am the last reading on Resident #1's glucometer was 257 on 10/23/21 at 6:50am which was documented in the Medication administration record as 11/5/21.

Resident #1 is prescribed Acetaminophen 325MG as needed for Pain. However, the medication is unavailable in the home.

Document Submission

- Resident #1 did not suffer a negative effect related to this finding.
- On 11/08/21 the ED calibrated resident #1's glucometer to the correct date and time.
- On 11/08/21 the ED audited the glucometers of other current residents and calibrated each to the correct date and time as needed. (Exhibit n1 – Audit tool)
- On 12/03/21 the ED educated the medication technicians on the requirements set with n 2600.185a and how to calibrate the date and time on a glucometer. (Exhibit n2- In-service)
- The ED or designee will audit two resident glucometers weekly x 4 weeks, bi-weekly x 4 weeks, and monthly x 1 to

Medications (continued)

- validate calibration compliance. (Exhibit n3- Audit tool)*
- Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance.*
- Resident #1 did not suffer a negative effect related to this finding.*
- On 12/02/21 Resident #1's prescribed Acetaminophen 325mg tablets were delivered to the home by the pharmacy courier. (Delivery manifest)*
- On 12/01/21 the ED audited the PRN medications of current residents to validate their presence within the home. Exhibit n5- Audit tool)*
- On 12/2/21 the RDCS educated the ED on the requirements set within 2600.185a. (Exhibit n6- inservice)*
- The ED or designee will audit the PRN medications of 3 residents weekly x 4 weeks, bi-weekly x 4 weeks, and monthly to validate the medications presence within the home. (Exhibit n7 – Audit tool)*
- Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance.*

- Completion date 02/28/21*

Completion Date: 02/28/2022

Document Submission

Implemented

see previous attachment

Completion Date: 12/14/2021

187b - Date/Time of Medication Admin.

Medications

1. Requirements

2600.

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

Description of Violation

Resident #1 is prescribed Santyl 250/GM apply once daily, however it is unavailable in the home. It is documented as administered on 11/5/21 at 8AM. Staff Member B reported that it had not been administered on 11/5/21 at 8AM.

Resident #1 is prescribed Desitin PST40% apply to [REDACTED] maintenance. It is documented as administered on 11/5/21 at 8AM. Staff Member B reported that it had not been administered on 11/5/21 at 8AM.

Document Submission

- Resident #1 did not suffer a negative effect related to this finding.*
- On 11/5/21 the ED, also a licensed nurse, initialed and circled the Santyl 250gm administration for Resident #1 on the MAR indicating it was not administered.*
- On 11/5/21 the ED located Resident #1 s Santyl 250gm ointment and notified the DHS surveyor accordingly.*
- On 11/5/21 Resident #1 s Santyl 250gm ointment was discontinued by the prescriber.*
- On 11/10/21 the ED validated the presence of current resident prescribed treatment ointments. (Exhibit o2 Audit tool)*
- On 12/2021 the ED educated the medication technicians to store treatment ointments in a designated drawer in each medication cart. (Exhibit o1 Audit tool)*

Medications (continued)

- The ED or designee will audit the presence of current resident prescribed treatment ointments weekly x 4 weeks, bi-weekly x 4 weeks, and monthly x 1 to validate compliance. (Exhibit o3 – Audit tool)
- Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance.
- Completion date 03/01/22
- Resident #1 did not suffer a negative effect related to this finding.
- On 11/5/21 the ED, also a licensed nurse, initialed and circled the Desitin administration for Resident # 1 on the MAR indicating it was not administered.
- On 11/5/21 the ED located Resident #1's Desitin ointment and notified the DHS surveyor accordingly.
- On 11/10/21 the ED validated the presence of current resident prescribed treatment ointments. (Exhibit o2 – Audit tool)
- On 12/2021 the ED educated the medication technicians to store treatment ointments in a designated drawer in each medication cart. (Exhibit o5– Audit tool)
- The ED or designee will audit the presence of current resident prescribed treatment ointments weekly x 4 weeks, bi-weekly x 4 weeks, and monthly x 1 to validate compliance. (Exhibit o6 – Audit tool)
- Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance.
- Completion date 03/01/22

Completion Date: 03/01/2022

Document Submission

Implemented

see previous attachment

Completion Date: 12/14/2021

187d - Follow Prescriber's Orders

Medications

1. Requirements

2600.

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

Description of Violation

Resident #1 is prescribed blood glucose readings 3 times a week on Monday, Wednesday, and Friday. On the week of 10/31-11/6/21 the readings were taken on Tuesday 11/2/21, Thursday 11/4/21, and Friday 11/5/21.

Resident #1 is prescribed blood pressure readings twice weekly on Tuesday and Thursday. On the week of 10/31-11/6/21 the reading was not taken on Thursday 11/4/21.

Resident #2 is prescribed blood glucose checks twice a day on Monday, Wednesday, and Friday. On the week of 10/31-11/6/21 only one blood glucose reading was taken on Monday 11/1/21, Wednesday 11/3/21, Friday 11/5/21. Resident 2's glucometer shows that the documented readings on the medication administration record of 115 on 11/1/21 was actually on 10/29/21 at 3:19AM and 194 on 11/3/21 was actually 10/29/21 at 5:59PM.

Medications (continued)**Document Submission**

- *Resident #1 did not suffer a negative effect related to this finding.*
- *On 11/5/21 the ED notified Resident #1's physician that on the week of 10/31-11//21 blood sugar reading were*

Medications (continued)

Medications (continued)

11/04/2021

15 of 18

Resident #1 is prescribed Santyl 250/GM apply once daily. However, this medication was not administered to resident 1 on 11/5/21 because the medication was not available in the home.

Document Submission

- Resident #1 did not suffer a negative affect related to this finding.
- On 11/5/21, the ED located Resident #1's Santyl 250gm ointment that was located within the medication cart, the DHS surveyor was informed accordingly.
- On 11/5/21 Resident #1's Santyl order was discontinued by the prescriber (Exhibit 00 – order)
- On 11/5/21 the ED validated the presence of current resident prescribed treatment ointments. (Exhibit o2 – Audit tool)
- On 12/2021 the ED educated the medication technicians to store treatment ointments in a designated drawer in each medication cart. (Exhibit o1 – Audit tool)
- The ED or designee will audit the presence of current resident prescribed treatment ointments weekly x 4 weeks, bi-weekly x 4 weeks, and monthly x 1 to validate compliance. (Exhibit o6 – Audit tool)
- Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance.
- Completion date 03/01/22

Completion Date: 03/01/2022

Document Submission

Implemented

see previous attachment

Completion Date: 12/14/2021

252 - Record Content

Resident Records

1. Requirements

2600.

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

1. Name, gender, admission date, birth date and Social Security number.
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.

Description of Violation

Resident #1's record does not include color of hair, color of eyes, and and identifying marks(if any).

Resident #2's record does not include color of hair, color of eyes, and and identifying marks(if any).

Resident #3's record does not include color of hair, color of eyes, and and identifying marks(if any).

Resident #4's record does not include color of hair, color of eyes, and and identifying marks(if any).

Resident Records (continued)

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- On 11/4/21 the Administrative Specialist updated Resident #1's face sheet to include their hair color, eye color and identifying marks, if any. (Exhibit q10 -Face sheet)
- On 11/04/21 the Administrative Specialist updated Resident #2's face sheet to include their hair color, eye color and identifying marks, if any. (Exhibit q11 – Face sheet)
- On 11/04/21 the Administrative Specialist updated Resident #3's face sheet to include their hair color, eye color and identifying marks, if any. (Exhibit q12 – Face sheet)
- On 11/04/21 the Administrative Specialist updated Resident #4's face sheet to include their hair color, eye color and identifying marks, if any. (Exhibit q13 – Face sheet)
- On 12/02/21 the ED educated the Administrative Specialist on the requirements set within regulation 2600.252. Exhibit q14- In-service)
- On 11/05/21 the Administrative Specialist audited, and revised current resident face sheets as needed to include resident eye color, hair color, and identifying marks, if any, to meet compliance. (Exhibit q15– Audit tool)
- The Administrative Specialist will audit the face sheets of new admissions weekly x 4 weeks, bi-weekly x 4 weeks, and monthly x 1 to ensure hair color, eye color, and identifying marks, if any, are listed. (Exhibit 16- Audit tool)
- Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance.
- Completion date 02/28/22.

Completion Date: 02/28/2022

Document Submission

Implemented

see previous attachment

Completion Date: 12/14/2021

254a - Records Discharge/Active

Resident Records

1. Requirements

2600.

254.a. Records of active and discharged residents shall be maintained in a confidential manner, which prevents unauthorized access.

Description of Violation

On 11/5/21 at 9:20am, the medication book and narcotics logs for medication cart A were on top of the cart, unattended, and accessible to anyone..

Document Submission

- On 11/05/21, at the time of the finding, the ED secured the medication book and narcotic logs for medication cart A.
- On 11/05/21, at the time of the finding, the ED validated that medication cart B's medication book and narcotic log was stored in a secure manner.
- On 12/2021 the ED educated the medication technicians on the requirements set within regulation 2600.254.a. Exhibit r1 – In-service)
- The ED will audit the location of the medication book and narcotic logs 3 times weekly x 4 weeks, bi-weekly x 4 weeks, and monthly x 1 to validate the books and logs are stored in a secure manner. (Exhibit r2- Audit tool)
- Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued

Resident Records (continued)

auditing is necessary based on three consecutive months of compliance.

- *Completion date 02/28/22*

Completion Date: *02/28/2022*

Document Submission

Implemented

see previous attachment

Completion Date: *12/14/2021*