

Department of Human Services  
Bureau of Human Service Licensing

January 31, 2022

HAL K. WALDMAN, PRESIDENT  
NORBERT INC  
1326 FREEPORT ROAD, SUITE 100  
PITTSBURGH, PA, 15238

RE: NORBERT RESIDENTIAL CARE  
FACILITY  
2413 ST. NORBERT DRIVE  
PITTSBURGH, PA, 15234  
LICENSE/COC#: 43051

Dear Mr. Hal K. Waldman,

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

Sincerely,  
Larry Mazza

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

**Facility Information**

Name: *NORBERT RESIDENTIAL CARE FACILITY* License #: *43051* License Expiration: *12/16/2022*  
 Address: *2413 ST. NORBERT DRIVE, PITTSBURGH, PA 15234*  
 County: *ALLEGHENY* Region: *WESTERN*

**Administrator**

Name: *Roseann Rosnick* Phone: *4127796986* Email: *rrosnick@norbertpersonalcare.com*

**Legal Entity**

Name: *NORBERT INC*  
 Address: *1326 FREEPORT ROAD, SUITE 100, PITTSBURGH, PA, 15238*  
 Phone: *4128855202* Email: *HWALDMAN@WALDMANINC.COM*

**Certificate(s) of Occupancy**

Type: *I-2* Date: *03/09/2021* Issued By: *City of Pittsburgh*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *100* Waking Staff: *75*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal, Complaint* Exit Conference Date: *12/01/2021*

**Inspection Dates and Department Representative**

*11/04/2021 - On-Site: Michael Marini*

*11/04/2021 - On-Site: Michael Marini*

*11/04/2021 - On-Site: Michael Marini*

*11/04/2021 - On-Site: Michael Marini*

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *102* Residents Served: *72*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *14*

**Number of Residents Who:**

Receive Supplemental Security Income: *2* Are 60 Years of Age or Older: *71*  
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *1*  
 Have Mobility Need: *28* Have Physical Disability: *0*

## Inspections / Reviews

## 11/04/2021 - Full

Lead Inspector: *Michael Marini*Follow-Up Type: *POC Submission*Follow-Up Date: *12/15/2021*

## 12/17/2021 - POC Submission

Reviewer: *Larry Mazza*Follow-Up Type: *POC Submission*Follow-Up Date: *12/23/2021*

## 01/04/2022 - POC Submission

Reviewer: *Larry Mazza*Follow-Up Type: *POC Submission*Follow-Up Date: *01/07/2022*

## 01/10/2022 - POC Submission

Reviewer: *Larry Mazza*Follow-Up Type: *Document Submission*Follow-Up Date: *01/31/2022*

## 01/31/2022 - Document Submission

Reviewer: *Larry Mazza*Follow-Up Type: *Not Required*

51 - Criminal Background Check

1. Requirements

2600.

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

Description of Violation

A Pennsylvania criminal background check was not completed for staff person A, whos first day of work was 7/6/21.

A Pennsylvania criminal background check was not completed for staff person B, who was hired on 6/24/21.

Plan of Correction

Directed

Plan of Correction

Do Not Accept

Staff Members A and B were hired by the previous administration and, unfortunately , some paperwork was missing from their employee files.

On 11/10/2021, our Assistant to the Executive Director ran new Criminal History Checks on the two employees referenced. The front page of both Staff Members A and B's results are attached, and the full report is now a part of their employee files.

On 11/22/2021, our Administrative Assistant, who maintains all employee files, began a comprehensive file review of all employees who were hired prior to July 9, 2021 under the previous administration.

On 11/29, 2021, said review was completed by our Administrative Assistant and missing documentation that had been misfiled was located and/or was replicated, when possible.

On 11/29/2021, our Administrative Assistant was advised, moving forward, to conduct a file review quarterly of all employees (February, May, August, November).

Completion Date: 11/29/2021

In addition to the information submitted on the first POC submitted:

On 12/20/2021, our Administrative Assistant was advised to conduct the quarterly file review of all employees during the first week of the months of February, May, August and November.

On 12/21/2021, our Administrative Assistant began a comprehensive file review of all discharged employees.

On 12/29/2021, said review was completed by our Administrative Assistant and missing documentation that had been misfiled was located and/or was replicated, when possible.

DIRECTED: Within 10 calendar days of receipt of the plan of correction: A designated staff person shall review the files of all current staff persons to ensure a Pennsylvania criminal background check is completed for each staff person. The completed background checks shall be kept in each staff person's record. LM 1/10/22

On 12/28/2021, our Administrative Assistant updated the New Employee/Discharged Employee Forms Checklist (attached) to specifically include the due date and the completion date of all the required paperwork. This checklist also includes the completion dates of various tasks required to be done by our Administrative Assistant.

On 12/28/2021, our Administrative Assistant updated the Staff Orientation and Training Documentation Form for All Staff (attached) as well as the additional Staff Orientation and Training Documentation Form for Direct Care

51 - Criminal Background Check (continued)

Staff (attached) to include the due dates to ensure that all training and orientation is completed within the required timeframe.

Completion Date: 12/28/2021

Document Submission

Implemented

Identego for Employee 2

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

There is no high school diploma, GED or active registry status on the Pennsylvania nurse aid registry for direct care staff person B, who was hired on 6/24/21.

Plan of Correction

Directed

Plan of Correction Do Not Accept

Staff Member B was hired by the previous administration and, unfortunately, some paperwork was missing from her employee file.

On 11/12/2021, Staff Member B brought in her Pennsylvania Department of Health Division of Nursing Care Facilities NURSE AIDE REGISTRY, which is attached.

Completion Date: 11/12/2021

Plan of Correction

Do Not Accept

In addition to the information submitted on the first POC submitted:

On 12/20/2021, our Administrative Assistant was advised to conduct the quarterly file review of all employees during the first week of the months of February, May, August and November.

54a - Direct Care Staff (continued)

On 12/21/2021, our Administrative Assistant began a comprehensive file review of all discharged employees. DIRECTED: Within 10 calendar days of receipt of the plan of correction: A designated staff person shall review the files of all current direct care staff persons to ensure each direct care staff person is qualified in accordance with 2600.54a. Copies of direct care staff qualifications shall be kept in each staff person's record. LM 1/10/22

On 12/29/2021, said review was completed by our Administrative Assistant and missing documentation that had been misfiled was located and/or was replicated, when possible.

On 12/28/2021, our Administrative Assistant updated the New Employee/Discharged Employee Forms Checklist (attached) to specifically include the due date and the completion date of all the required paperwork. This checklist also includes the completion dates of various tasks required to be done by our Administrative Assistant.

On 12/28/2021, our Administrative Assistant updated the Staff Orientation and Training Documentation Form for All Staff (attached) as well as the additional Staff Orientation and Training Documentation Form for Direct Care Staff (attached) to include the due dates to ensure that all training and orientation is completed within the required timeframe.

Completion Date: 12/28/2021

Document Submission Implemented  
attached proof of education

57c - 2 Hours/Day

1. Requirements

2600.57c 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

Direct care staff persons shall be available to provide a minimum of 1 hour per day of personal care services for each mobile resident and a minimum of 2 hours per day of personal care services for each resident who has mobility needs.

On 10/24/21, there were 74 of residents in the home including 32 residents with mobility needs, requiring a total minimum of 106 hours of direct care staffing. On this date, only 105 hours of direct care staffing were provided.

Plan of Correction Accept  
Although our census was 74 at the time, on Sunday, 10/24/2021, there were actually only 75 residents in our

2 Hours/Day (continued)

home. Staff member Donald M. was in the hospital, having been admitted on 01/11/22 and 28 residents plus 32 additional hours for residents with mobility needs equals 105 mandated hours. Therefore, on that particular day, we did provide the required hours of direct care staffing.

**Violation Withdrawn LM  
1/31/22**

On 11/11/2021, our Director of Nursing was reminded to always make certain that the number of direct care staff we provide meets the requirements for the number of residents who are present in our home every shift daily.

**Document Submission**  
withdrawn

Documented

65a - FS Orientation 1st Day

1. Requirements

2600.

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

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

**Description of Violation**

The following staff persons did not receive orientation on any of the topics specified in 2600.65a prior to or during their first work day:

- Staff person B, who was hired on 6/24/21
- Staff person C, who was hired on 8/9/21
- Staff person D, who was hired on 4/26/21

**Plan of Correction**

**Directed**

Plan of Correction

Do Not Accept

Staff Member B ~ Although staff was unable to locate paperwork during the inspection, on 11/26/2021, our Administrative Assistant did find the Documentation of Staff Orientation and Direct Care Staff Training, which had been misfiled. The documentation is attached.

Staff Member C ~ Although staff was unable to locate paperwork during the inspection, on 11/24/2021, our Administrative Assistant did find the Documentation of Staff Orientation and Direct Care Staff Training, which had been misfiled. The documentation is attached.

**65a - FS Orientation 1st Day (continued)**

*Staff Member D ~ Although staff was unable to locate paperwork during the inspection, on 11/26/2021, our Administrative Assistant did find the Documentation of Staff Orientation and Direct Care Staff Training, which had been misfiled. The documentation is attached.*

*On 11/29/2021, our Administrative Assistant was advised, moving forward, to conduct a file review quarterly of all employees (February, May, August, November).*

*Completion Date: 11/29/2021*

*Plan of Correction*

*Do Not Accept*

*In addition to the information submitted on the first POC submitted:*

*On 12/20/2021, our Administrative Assistant was advised to conduct the quarterly file review of all employees during the first week of the months of February, May, August and November.*

*On 12/21/2021, our Administrative Assistant began a comprehensive file review of all discharged employees. DIRECTED: Within 10 calendar days of receipt of the plan of correction: A designated staff person shall review the files of all current staff persons to ensure each staff person has received training on all topics specified in 2600.65a. Documentation of the completed trainings shall be kept in each staff person's record in accordance with 2600.65i. LM 1/10/22*

*On 12/29/2021, said review was completed by our Administrative Assistant and missing documentation that had been misfiled was located and/or was replicated, when possible.*

*On 12/28/2021, our Administrative Assistant updated the New Employee/Discharged Employee Forms Checklist (attached) to specifically include the due date and the completion date of all the required paperwork. This checklist also includes the completion dates of various tasks required to be done by our Administrative Assistant.*

*On 12/28/2021, our Administrative Assistant updated the Staff Orientation and Training Documentation Form for All Staff (attached) as well as the additional Staff Orientation and Training Documentation Form for Direct Care Staff (attached) to include the due dates to ensure that all training and orientation is completed within the required timeframe.*

*Completion Date: 12/29/2021*

## 65a - FS Orientation 1st Day (continued)

**Document Submission****Implemented***training documentation*

## 65b - Rights/Abuse 40 Hours

**1. Requirements**

2600.

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

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

**Description of Violation**

*The following staff persons did not receive orientation on any of the topics specified in 2600.65b within 40 scheduled working hours:*

- *Staff person B, who was hired on 6/24/21*
- *Staff person C, who was hired on 8/9/21*
- *Staff person D, who was hired on 4/26/21*

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

**65b - Rights/Abuse 40 Hours (continued)**

*Staff Member B ~ Although staff was unable to locate paperwork during the inspection, on 11/26/2021, our Administrative Assistant did find the Documentation of Staff Orientation and Direct Care Staff Training, which had been misfiled. The documentation is attached.*

*Staff Member C ~ Although staff was unable to locate paperwork during the inspection, on 11/24/2021, our Administrative Assistant did find the Documentation of Staff Orientation and Direct Care Staff Training, which had been misfiled. The documentation is attached.*

*Staff Member D ~ Although staff was unable to locate paperwork during the inspection, on 11/26/2021, our Administrative Assistant did find the Documentation of Staff Orientation and Direct Care Staff Training, which had been misfiled. The documentation is attached.*

*On 11/29/2021, our Administrative Assistant was advised, moving forward, to conduct a file review quarterly of all employees (February, May, August, November).*

*Completion Date: 11/29/2021*

*Plan of Correction*

*Do Not Accept*

*In addition to the information submitted on the first POC submitted:*

*On 12/20/2021, our Administrative Assistant was advised to conduct the quarterly file review of all employees during the first week of the months of February, May, August and November.*

*On 12/21/2021, our Administrative Assistant began a comprehensive file review of all discharged employees. DIRECTED: Within 10 calendar days of receipt of the plan of correction: A designated staff person shall review the files of all current staff persons to ensure each staff person has received training on all topics specified in 2600.65b. Documentation of the completed trainings shall be kept in each staff person's record in accordance with 2600.65i. LM 1/10/22*

*On 12/29/2021, said review was completed by our Administrative Assistant and missing documentation that had been misfiled was located and/or was replicated, when possible.*

*On 12/28/2021, our Administrative Assistant updated the New Employee/Discharged Employee Forms Checklist (attached) to specifically include the due date and the completion date of all the required paperwork. This checklist also includes the completion dates of various tasks required to be done by our Administrative Assistant.*

*On 12/28/2021, our Administrative Assistant updated the Staff Orientation and Training Documentation Form for All Staff (attached) as well as the additional Staff Orientation and Training Documentation Form for Direct Care Staff (attached) to include the due dates to ensure that all training and orientation is completed within the required timeframe.*

*Completion Date: 12/29/2021*

**65b - Rights/Abuse 40 Hours (continued)**

**Document Submission**  
*training documentation*

**Implemented**

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

2600.

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

1. Training that includes a demonstration of job duties, followed by supervised practice.
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.
3. Initial direct care staff person training to include the following:
  - i. Safe management techniques.
  - ii. ADLs and IADLs
  - iii. Personal hygiene.

65d - Initial Direct Care Training *(continued)*

- 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 B did not complete and pass the Department-approved direct care training course and pass the competency test. Direct care staff person B was hired on 6/24/21.*

**Plan of Correction**

**Directed**

*Plan of Correction*

*Do Not Accept*

*Staff Member B was hired by the previous administration and, unfortunately, some paperwork was missing from her employee file.*

*On 11/12/2021, Staff Member B brought in her Pennsylvania Department of Health Division of Nursing Care Facilities NURSE AIDE REGISTRY, which is attached. Since she was enrolled in the Pennsylvania Department of Health Division of Nursing Care Facilities NURSES AIDE REGISTRY, she was not required to complete and pass the Department-approved direct care training course.*

*A copy of Staff Person B's Notice of Enrollment is attached.*

*On 11/29/2021, our Administrative Assistant was advised, moving forward, to conduct a file review quarterly of all employees (February, May, August, November).*

*Completion Date: 11/29/2021*

*Plan of Correction*

*Do Not Accept*

*In addition to the information submitted on the first POC submitted:*

*On 12/20/2021, our Administrative Assistant was advised to conduct the quarterly file review of all employees during the first week of the months of February, May, August and November.*

*On 12/21/2021, our Administrative Assistant began a comprehensive file review of all discharged employees.*

**DIRECTED:** *Within 10 calendar days of receipt of the plan of correction: A designated staff person shall review the*

**65d - Initial Direct Care Training (continued)**

*files of all current direct care staff persons to ensure each direct care staff person has successfully completed and passed the Department-approved direct care training course and passed the competency test. Documentation of the completed Department-approved direct care training course shall be kept in each staff person's record in accordance with 2600.65i. LM 1/10/22*

*On 12/29/2021, said review was completed by our Administrative Assistant and missing documentation that had been misfiled was located and/or was replicated, when possible.*

*On 12/28/2021, our Administrative Assistant updated the New Employee/Discharged Employee Forms Checklist (attached) to specifically include the due date and the completion date of all the required paperwork. This checklist also includes the completion dates of various tasks required to be done by our Administrative Assistant.*

*On 12/28/2021, our Administrative Assistant updated the Staff Orientation and Training Documentation Form for All Staff (attached) as well as the additional Staff Orientation and Training Documentation Form for Direct Care Staff (attached) to include the due dates to ensure that all training and orientation is completed within the required timeframe.*

*Completion Date: 12/29/2021*

**Document Submission**  
*training documentation*

**Implemented**

101j7 - Lighting/Operable Lamp

1. Requirements

2600.

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

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

Description of Violation

On 11/4/21, no operable lamp or other source of lighting that could be turned on/off from bedside was present at the resident's bed in bedroom #210.

Plan of Correction

Directed

Plan of Correction

Do Not Accept

The alert, oriented resident in Room #210B had moved her bedside lamp across the room to another table because she felt there wasn't room for it on her bedside table with other belongings.

On 11/04/2021, our Director of Maintenance purchased a small disc that lights up when lightly touched, producing adequate bedside lighting. A picture of the light is attached,

On 11/04/2021, our Director of Maintenance showed the disc light to our Licensing Representative to make sure the new light was acceptable and he approved it. Upon receiving approval, our Director of Maintenance installed the light beside our resident's bed.

On 11/05/2021, our maintenance and housekeeping staff were educated on routinely checking each resident's room to make sure that there is an operable light beside each bed. (DIRECTED: The checks shall occur at least monthly. LM 1/10/22)

DIRECTED: Within 5 calendar days of receipt of the plan of correction, then monthly thereafter: A designated staff person shall inspect all resident bedrooms to ensure each resident has an operable lamp or other source of lighting present that can be turned on/off at bedside. LM 1/10/22

Completion Date: 11/05/2021

Document Submission

Implemented

lamp photo

183d - Prescription Current

1. Requirements

2600.

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

183d - Prescription Current *(continued)*

**Description of Violation**

*Resident #4 is prescribed Latanoprost 0.005% -Instill 1 drop in the left eye at bedtime. This medication was opened on 9/14/21; however, manufacturer's instructions are to discard the medication 6 weeks after opening.*

**Plan of Correction**

**Directed**

*Plan of Correction*

*Do Not Accept*

*A new bottle of Latanoprost 0.005% was ordered for Resident #4 and delivered by the pharmacy on 11/04/2021.*

*On 11/04/2021 our Director of Nursing educated our Medication Technicians about the importance of checking expiration dates on an ongoing basis.*

*Completion Date: 11/04/2021*

*Plan of Correction*

*Do Not Accept*

*In addition to the information submitted on the first POC:*

*On 11/04/2021 the expired bottle of Latanoprost 0.005% was discarded by our Director of Nursing.*

*On 11/04/2021, our Director of Nursing and our other Registered Nurse reviewed all resident medications to ensure that none were expired or discontinued.*

*On 12/20/2021, the original Med Tech 7-point checklist was updated to instruct the Medication Technicians to monitor expiration dates on ALL medications with each med pass (updated form attached).*

*Our Director of Nursing and our other Registered Nurse will audit the medication carts at the end of each month when the incoming monthly MARS are reviewed by them. (DIRECTED: The monthly audits shall begin by 1/31/22. LM 1/10/22)*

*On 12/23/2021, our Director of Nursing created a Medication cart - Refrigeration Audit Tool for review purposes, which is attached.*

*DIRECTED: Within 10 calendar days of receipt of the plan of correction: All staff persons qualified to administer medications shall be re-educated on the home's procedures to ensure only current medications are present in the home. The education shall include the home's procedures for the removal of medications that are discontinued, expired or for residents who no longer reside in the home. Documentation of the education shall be kept. LM 1/10/22*

*Completion Date: 12/23/2021*

## 183d - Prescription Current (continued)

**Document Submission****Implemented***training documentation*

## 185a - Implement Storage Procedures

**1. Requirements**

2600.

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

**Description of Violation**

*On 11/7/21, the glucometers for residents #1, #2, #3, #4 and #6 were not set to the current time.*

*On 11/7/21, resident #5's glucometer was not set to the correct date and time.*

*On 11/1/21 at 4:10 PM, resident #5's blood glucose was 208; however, a blood glucose reading of 203 was documented on the resident's November 2021 MAR (medication administration record).*

*Resident #6 is prescribed blood glucose checks 3 times a day before meals with Novolog-100u/ml sliding scale coverage; however, the resident's blood glucose reading of 156 on 11/6/21 at 4:40 PM was not documented on the resident's November 2021 MAR. Also, the following blood glucose readings were documented on the resident's November 2021 MAR; however, are not present on the resident's glucometer:*

- 11/4/21 at noon-blood glucose documented as 119*
- 11/8/21 at noon-blood glucose documented as 150*

*On 11/3/21 at 4:18 PM, resident #6's blood glucose was 138; however, a blood glucose reading of 136 was documented on the resident's November 2021 MAR.*

185a - Implement Storage Procedures (continued)

**Plan of Correction**

**Directed**

*Plan of Correction*

*Do Not Accept*

*On 11/08/2021, all glucometers were recalculated and set to the correct time and date. (DIRECTED: Beginning on 2/1/22: A designated staff person shall review all resident glucometers monthly to ensure they are calibrated to the current date and time. LM 1/10/22)*

*Our Director of Nursing began educating our Medication Technicians on 11/08/2021, discussing with them the importance of accuracy at all times. (DIRECTED: Documentation of the education shall be kept. LM 1/10/22).*

*Based on discussions with our Medication Technicians, our Director of Nursing devised a form regarding Mindfulness and Accuracy, which is attached. By 12/15/2021, our Director of Nursing had met with each Medication Technician individually to provide education and obtain signatures.*

*Moving forward, our Medication Technicians will audit our glucometers for accuracy on a daily basis using the attached Glucometer Calibration Checklist.*

*Completion Date: 12/15/2021*

*Plan of Correction*

*Do Not Accept*

*In addition to the information submitted on the first POC:*

*On 12/20/2021 our Director of Nursing updated the Med Tech form to include checking the glucometers for accuracy with each Med Pass (updated form attached).*

*On 12/27, our Resident Care Coordinator created a Glucometer to MARS Audit and Documentation Form to compare the reading on the glucometer and the documentation of the number on the Mar each day of the month (attached). Said daily checks will be done and initialed by the Medication Technicians, and a Medication Technician MAR/TAR Signature Page is attached. (DIRECTED; The Resident Care Coordinator shall review the audit tool on a monthly basis to ensure accurate and complete blood sugar reading documentation. LM 1/10/22)*

*Completion Date: 12/27/2021*

185a - Implement Storage Procedures (continued)

**Document Submission**

**Implemented**

*Glucometer audit*

187a - Medication Record

**1. Requirements**

2600.

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

- 12. Diagnosis or purpose for the medication, including pro re nata (PRN).
- 14. Name and initials of the staff person administering the medication.

**Description of Violation**

*The residents' November 2021 MAR's do not include a master key with staff names and initials.*

*Resident #7 is prescribed Tecfidera 240mg-Take 1 tablet by mouth twice a day; however, there is no diagnosis or purpose indicated on the resident's November 2021 MAR for this medication.*

**Plan of Correction**

**Directed**

*Plan of Correction*

*Do Not Accept*

*On 11/11/2021 the attached master key with staff names and initials was added to the MAR's.*

*On 11/11/2021 our Director of Nursing was educated on the importance of making sure that the master key is always updated and kept with the MAR's*

*On 11/10/2021 our Director of Nursing added the diagnosis of Multiple Sclerosis on Resident #7's MAR for the medication Tecfidera 240mg.*

*Although the pharmacy typically lists the diagnosis on each medication, our Medication Technicians were reminded on 11/10/2021 by our Director of Nursing that sometimes (as in the case of Resident #7's medication), the medication comes from another source. Therefore, the Medication Technicians should make sure that each medication for our residents has a corresponding diagnosis listed.*

*Completion Date: 11/11/2021*

*Plan of Correction*

*Do Not Accept*

*In addition to the information submitted on the first POC:*

187a - Medication Record (continued)

On 12/23/2021, our Resident Care Coordinator created a Medication Cart-Refrigeration Audit Tool (attached), which addresses "the corresponding diagnosis for each medication."

Our Director of Nursing and/or Registered Nurse will audit our medication carts at the end of each month when the incoming monthly MARS are received and reviewed. (DIRECTED: The audit shall begin by 1/31/22. LM 1/10/22)

Completion Date: 12/23/2021

Document Submission

Implemented

med admin training

187b - Date/Time of Medication Admin.

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

On 11/10/21 at 9:50 AM, direct care staff persons E and F were observed documenting on the resident MAR's all the 8:00 AM medications each direct care staff person administered to residents that morning.

Plan of Correction

Directed

Plan of Correction

Do Not Accept

On 11/11/2021, Staff Member E and Staff Member F were instructed of the importance of documenting medications immediately upon giving assistance with each medication administered.

By 11/15/2021, our Director Nursing had provided education and reminders to all of our Medication Technicians that immediate documentation of administered medications is required under 2600. 187.b. (DIRECTED: Documentation of the education shall be kept in accordance with 2600.65i. LM 1/10/22)

187b - Date/Time of Medication Admin. (continued)

Completion Date: 11/15/2021

Plan of Correction

Do Not Accept

In addition to the information submitted with the first POC:

On 12/23/2021, our Resident Care Coordinator created a Medication Administration Audit Form (attached).

The Medication Technicians will be observed once a week by our Director of Nursing, Registered Nurse or Resident Care Coordinator to ensure that proper charting is completed on the MAR at the time of Medication Administration. (DIRECTED: The weekly observations shall begin on 1/15/22. LM 1/10/22)

Completion Date: 12/23/2021

Document Submission  
med tech training

Implemented

187d - Follow Prescriber's Orders

1. Requirements

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

Description of Violation

Resident #1 is prescribed Novolog 100 u/ml 4 times daily in accordance with sliding scale: 70 -140=0U; 141-180=1U; 181-220=2U; 221-260=3U; 261-300=4U; 301-340=5U; 341-400=6U; >400=6U and call MD.

According to the resident's glucometer, the resident's blood glucose was 315 at 8:06 PM on 11/8/21 and 5 units of insulin should have been administered to the resident. However, the resident's blood glucose was documented on the resident's November 2021 MAR as 215 and that 3 units of insulin was administered to the resident.

Resident #6 is prescribed blood glucose checks 3 times a day before meals with Novolog-100u/ml sliding scale coverage; however, the resident's blood glucose was not checked during the lunch meal on 11/4/21 and 11/8/21.

Plan of Correction  
Plan of Correction

Directed  
Do Not Accept

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

On 11/10/2021, the Director of Nursing educated all Medication Technicians that it is critical to accurately read the glucometer, administer the correct amount of insulin and document what was administered correctly on the residents' MAR. (DIRECTED: Documentation of the education shall be kept. LM 1/10/22)

On 11/10/2021, the Director of Nursing educated all Medication Technicians regarding following all ordered tests with accuracy. (DIRECTED: Documentation of the education shall be kept. LM 1/10/22)

Completion Date: 11/10/2021

Plan of Correction

Do Not Accept

In addition to the information submitted on the first POC:

On 12/20/2021 our Director of Nursing updated the Med Tech form to include checking the glucometers for accuracy with each Med Pass (updated form attached).

On 12/27, our Resident Care Coordinator created a Glucometer to MARS Audit and Documentation Form to compare the reading on the glucometer and the documentation of the number on the Mar each day of the month (attached). Said daily checks will be done and initialed by the Medication Technicians, and a Medication Technician MAR/TAR Signature Page is attached. (DIRECTED: Beginning on 1/15/22: The Resident Care Coordinator shall review the new audit tool on a weekly basis. LM 1/10/22)

Completion Date: 12/27/2021

**Document Submission**

**Implemented**

glucometer audits and trainig