

Department of Human Services
Bureau of Human Service Licensing

December 16, 2021

[REDACTED]
CARE HSL HARLEYSVILLE OPCO LLC
[REDACTED]
[REDACTED]

RE: BIRCHES AT ARBOUR SQUARE
691 MAIN STREET
HARLEYSVILLE, PA, 19438
LICENSE/COC#: 14266

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/08/2021 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)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *BIRCHES AT ARBOUR SQUARE* License #: *14266* License Expiration:
Address: *691 MAIN STREET, HARLEYSVILLE, PA 19438*
County: *MONTGOMERY* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: *2155413701* Email: [REDACTED]

Legal Entity

Name: *CARE HSL HARLEYSVILLE OPCO LLC*
Address: *660 SENTRY PARKWAY, SUITE 220, HERITAGE SENIOR LIVING, BLUEBELL, PA, 19422*
Phone: *2155413700* [REDACTED]

Certificate(s) of Occupancy

Type: *R-3* Date: *03/10/2009* Issued By: *Lower Salford Twp*

Staffing Hours

Resident Support Staff: Total Daily Staff: *72* Waking Staff: *54*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *11/08/2021*

Inspection Dates and Department Representative

11/08/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *85* Residents Served: *48*

Secured Dementia Care Unit

In Home: *Yes* Area: *Daybreak* Capacity: *25* Residents Served: *19*

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *48*
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *24* Have Physical Disability: *1*

Inspections / Reviews

11/08/2021 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/22/2021*

11/23/2021 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *12/08/2021*

Inspection Dates and Department Representative (*continued*)

11/08/2021 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

54a - Direct Care Staff

1. Requirements

2600.

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

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

Description of Violation

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

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

Plan of Correction

Accept

11-8-21

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

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

What: "Direct care staff person A, does not have a high school diploma, GED, or active registry on the Pennsylvania nurse aide registry."

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

Who: Direct care staff person A was hired on 4/29/21. Direct care staff person B was hired on 6/2/21.

When: On day of inspection and learning that copies of documents for direct care staff persons A and B were not on file, the community reached out to both employees. Both direct care staff person A and B work on the overnight shift and could not be reached at time of on-site inspection. A review and internal audit on 11/9/21 of all direct care staff employee files was conducted by the homes Business Office Manager to ensure full compliance.

How: Both direct care staff persons A and B were interviewed via phone on 11/9/21 and provided the community Business Office Manager with copies of their documents. Direct care staff person A holds a current active registry on the Pennsylvania nurse aide registry (Attachment B) and direct care staff person B has a high school diploma (Attachment C).

Ongoing: Upon hire of all new direct care staff employees, the homes Business Office Manager will ensure that the home has obtained all required documents from the employee prior to their first scheduled shift, by using the homes Employee File Check List (Attachment D). Any concerns will be reviewed immediately and brought to the attention of the community Executive Director.

Completion Date: 11/22/2021

Document Submission

Implemented

Update 12/8/21-previously completed as of 11/22/2021. Business Office Manager has continued to institute

54a - Direct Care Staff (continued)

obtaining all required documents from the employee prior to their first scheduled shift.

Completion Date: 11/22/2021

63b - Current First Aid Training

1. Requirements

2600.

63.b. Current training in first aid and certification in obstructed airway techniques and CPR shall be provided by an individual certified as a trainer by a hospital or other recognized health care organization.

Description of Violation

Staff persons A completed an online FA/CPR training on 8/12/21 by Emergency Care and Safety Institute. This training source is not certified as a trainer by a hospital or other recognized health care organization.

Plan of Correction

Accept

11-8-21

63.b. Current training in first aide and certification in obstructed airway techniques and CPR shall be provided by an individual certified as a trainer by a hospital or other recognized health care organization.

What: "Staff person A completed an online FA/CPR training on 8/12/21 by Emergency Care and Safety Institute. This training source is not certified as a trainer by a hospital or other recognized health care organization."

Who: Staff person A did complete FA/CPR training on 8/12/21, but it was completed in person and not online.

When: On 8/12/21, the home hired [REDACTED], OHST, CET, EMT, who is a certified FA/CPR trainer by Emergency Care and Safety Institute. [REDACTED] provided in person training to staff person A.

How: Training was provided per requirements and staff person A certification is valid (Attachment E). [REDACTED] trainer certification (Attachment F) which is recognized by The American College of Emergency Physicians, was in the homes CPR binder was not present in the employees file at time of inspection.

Ongoing: Staff will continue to receive in person FA/CPR training as outlined in the requirement. A list of all certified staff will be kept by the homes Resident Care Director and a copy will be made for the homes Business Office Manager for their employee file as well. Those staff that are coming up or due for renewal will be continually reviewed at the Quarterly Quality Assurance Meeting.

Completion Date: 11/22/2021

Document Submission

Implemented

Update 12/8/21-previously completed as of 11/22/2021. Business Office Manager has continued to institute obtaining all required documents from the Resident Care Director and the employee prior to their first scheduled shift.

Completion Date: 11/22/2021

65a - FS Orientation 1st Day

1. Requirements

2600.

65a - FS Orientation 1st Day (continued)

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

Description of Violation

Staff person, A's first day of work was on [REDACTED], and did not receive the required initial orientation.

Staff person, B's first day of work was on [REDACTED], and did not receive the required initial orientation.

Plan of Correction

Accept

11-8-21

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

What: "Staff person, A's first day of work was on [REDACTED] and did not receive the required initial orientation."

What: "Staff person, B's first day of work was on [REDACTED], and did not receive the required initial orientation."

Who: Both staff persons A and B did complete the required initial orientation and this was confirmed by the homes Maintenance Director, however, this was not documented in either of the staff member's employee files as required.

When: On day of inspection and learning that copies of documents for direct care staff persons A and B were not on file, the community could not locate documentation of required day one training. A review and internal audit on 11/9/21 of all direct care staff employee files was conducted by the homes Business Office Manager to ensure full compliance.

How: All new employees will continue to get training upon hire per the community's general orientation procedure. Going forward, upon completion of day one of the new hires' three-day general orientation, the Business Office Manager will collect the employees Day One Training documentation (Attachment G). A review of the required initial orientation will be reviewed again with both staff persons A and B and a copy of that training will be added to both employees file, with note of this inspection, to prevent further/repeat violation.

Ongoing: Staff will continue to receive in person required initial orientation on day one. The homes Business Office Manager will ensure that the home has obtained all required documents from the employee, will audit new employees hired each month at the end of each month, and this will be continually reviewed at the Quarterly Quality Assurance Meeting.

Completion Date: 12/08/2021

Document Submission

Implemented

Update 12/8/21- A review of the required initial orientation was completed again with both staff persons A and B on 11/30/21 and a copy of that training was added to both employees file, with note of this inspection, to prevent further/repeat violation (Attachment BB) and (Attachment CC). Since instating this policy, the homes Business

65a - FS Orientation 1st Day (continued)

Office Manager has coordinated each new employees general orientation and will continue to ensure that the home has obtained all required documents from the employee upon completion for its' file.

Completion Date: 12/08/2021

65b - Rights/Abuse 40 Hours**1. Requirements**

2600.

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

Description of Violation

Staff persons A and B did not complete training in the following topics:

Emergency medical plan

Mandatory reporting of abuse and neglect

11-8-21

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.

What: "Staff persons A and B did not complete training in the following topics:

Emergency medical plan

Mandatory reporting of abuse and neglect

Reporting of reportable incidents and conditions

Who: Both staff persons A and B did complete the required initial orientation and this was confirmed by the homes Resident Care Director, however, this was not documented in either of the staff member's employee files as required.

When: On day of inspection and learning that copies of documents for direct care staff persons A and B were not on file, the community could not locate documentation of required training. A review and internal audit on 11/9/21 of all direct care staff employee files was conducted by the homes Business Office Manager to ensure full compliance.

How: All new employees will continue to get training upon hire per the community's general orientation procedure. Going forward, upon completion of each day of the new hires' three-day general orientation, the Business Office Manager will collect the employees training documentation (see Attachment H). A review of the required initial orientation will be reviewed again with both staff persons A and B and a copy of that training will be added to both employees file, with note of this inspection, to prevent further/repeat violation.

Ongoing: Staff will continue to receive in person required initial orientation in emergency medical plan, mandatory reporting of abuse and neglect, and reporting of reportable incidents and conditions. The homes Business Office Manager will ensure that the home has obtained all required documents from the employee, will audit new employees hired each month at the end of each month, and this will be continually reviewed at the Quarterly

65b - Rights/Abuse 40 Hours (continued)

Quality Assurance Meeting.

Completion Date: 12/08/2021

Document Submission

Implemented

Update 12/8/21- A review of the required initial orientation was completed again with both staff persons A and B on 11/30/21 and a copy of that training was added to both employees file, with note of this inspection, to prevent further/repeat violation (Attachment BB) and (Attachment CC). Since instating this policy, the homes Business Office Manager has coordinated each new employees general orientation and will continue to ensure that the home has obtained all required documents from the employee upon completion for its' file.

Completion Date: 12/08/2021

101i - Access to Bedroom

1. Requirements

2600.

101.i. A resident shall have access to his bedroom at all times.

Description of Violation

On 11/8/21 at 2:30PM, residents who live in rooms 24, 26, 28, 30, 32, 35, 36, 37 and 39 were denied access to his/her bedroom by staff locking their rooms to prevent other residents from wandering into the rooms.

Plan of Correction

Accept

11-8-21

101.i. A resident shall have access to his bedroom at all times.

What: "On 11/8/21 at 2:30pm, residents who live in rooms 24, 26, 28, 30, 32, 35, 36, 37, and 39 were denied access to his/her bedroom by staff locking their rooms to prevent other residents from wandering into the rooms."

Who: Staff in the homes secured dementia neighborhood had room doors locked for the residents in question at the time of inspection.

When: On day of inspection and upon learning of this, the homes Resident Care Director reviewed with the staff on duty and the doors were immediately unlocked. The Resident Care Director met with staff at change of shift and notation to cease this was documented in the homes communication log and shared at change of shift. Training on resident rights and bedroom access was provided to all staff at the monthly all staff meetings held on 11/16/21 by the homes Daybreak (SDU) Director. The training will be completed by all remaining direct care staff by 12/8/2021.

How: Training was and will be provided to review with all staff regarding resident rights. All Staff will sign a Training Attendance Acknowledgement Sheet (Attachment H). The oral training is directly from the Regulatory Compliance Guide. Staff will redirect any resident that is trying to wander into another resident's room and provide resident with engagement activities of the residents choosing/liking throughout the day and as scheduled to further decrease these incidents from occurring.

101i - Access to Bedroom (continued)

Ongoing: Staff will continue to receive their initial training during their first shift in the community and will continue to receive the annual review training as well. The homes Daybreak Director will conduct random weekly audits and any concerns will be reviewed immediately, and any patterns or trends will be reviewed with the Executive Director. To continue to prevent residents from wandering into other residents' rooms, the homes SDU direct care staff will engage residents in activities and provide residents with redirection when/if needed.

Completion Date: 12/08/2021

Document Submission

Implemented

Update 12/8/21- Training on resident rights and bedroom access was provided to all staff at the monthly all staff meetings held on 11/16/21 by the homes Daybreak (SDU) Director (Attachment HH). The training was completed by all remaining direct care staff on 12/1/21 (Attachment HI). The home has hired two additional activity assistants since the time of inspection and increased the overall amount of daily programming in the homes SDU. The homes Daybreak Director will continue to conduct ongoing random weekly audits to ensure that staff remain compliant.

Completion Date: 12/08/2021

164d - Encourage Nutrition

1. Requirements

2600.

164.d. If a resident has a cognitive impairment that affects the resident's ability to consume adequate amounts of food and water, a staff person shall encourage and remind the resident to eat and drink.

Description of Violation

Resident #3 RASP, dated [redacted] indicates the resident requires physical assistance with eating throughout [redacted] meals due to a diagnosis of Dementia. On 11/8/21, at 2:35pm, the resident was observed still trying to eat [redacted] lunch independently. According to staff person(s) D and E staff should orally prompt [redacted] to eat and drink independently.

Plan of Correction

Accept

11-8-21

164.d. If a resident has a cognitive impairment that affects the resident's ability to consume adequate amounts of food and water, a staff person shall encourage and remind the resident to eat and drink.

What: "Resident #3 RASP, dated [redacted] indicates the resident requires physical assistance with eating throughout [redacted] meals due to a diagnosis of Dementia. One 11/18/21, at 2:35pm, the resident was observed still trying to eat [redacted] lunch independently. According to staff person(s) D and E staff should orally prompt her to eat and drink independently.

Who: Staff persons' D and E were not assisting Resident #3 during meal time at the time of inspection, as per outlined in the residents RASP. Staff person E, who does not work in resident care, would not know that information, as they do not assist with serving and/or feeding at meal time. Staff

When: Training on resident rights and assistance to residents with cognitive impairment and their ability to consume adequate amounts of food and water was provided to all staff at the monthly all staff meetings held on 11/16/21 by the homes Daybreak (SDU) Director. The training will be completed by all remaining direct care staff by 12/8/2021.

164d - Encourage Nutrition (continued)

How: Training was and will be provided to review with all staff regarding resident assistance at meal time. All Staff will sign a Training Attendance Acknowledgement Sheet (Attachment I). The oral training is directly from the Regulatory Compliance Guide. Direct care staff person D was shown where in the residents' care plans to find the information on resident assistance at meal time and education to support staff person E was also provided. The homes Daybreak Director will print all RASPs from the community online portal and create a binder for the homes SDU Wellness area by 12/08/21 for easier reference access to all direct care staff.

Ongoing: The homes Daybreak Director/Designee will monitor residents at meal times and any concerns will be reviewed immediately. To continue to prevent this from happening again, the homes Daybreak Director will communicate any changes in a residents' dietary assistance when/if needed with all direct care staff.

Completion Date: 12/08/2021

Document Submission

Implemented

Update 12/8/21- Training on resident rights and assistance to residents with cognitive impairment and their ability to consume adequate amounts of food and water was provided to all staff at the monthly all staff meetings held on 11/16/21 by the homes Daybreak (SDU) Director (Attachment II). The training was completed by all remaining direct care staff on 12/1/21 (Attachment IJ). The homes Daybreak Director printed all RASPs from the community online portal and created a binder for the homes SDU Wellness area with the attached contents before the residents RASPs (Attachment N) and (Attachment O).

Completion Date: 12/08/2021

190c - Record of Training

1. Requirements

2600.

190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

Description of Violation

The home's medication administration training record for staff person C does not include a completed certificate of the initial training. The testing documents indicate the test was completed on 3/4/20 but there is no verification by the trainer this staff passed the training and administered medications in October, 2021.

Staff C completed the annual practicum on 7/30/21. Staff C previous training was dated 3/4/20.

Plan of Correction

Accept

11-8-21

190.c. A record of the training shall be kept including the staff person trained, the date, the source, name of trainer and documentation that the course was successfully completed.

What: "The home's medication administration training record for staff person C does not include a completed certificate of the initial training. The testing documents indicate the test was completed on 3/4/20 but there is no verification by the trainer this staff person passed the training and administered medications in October, 2021."

190c - Record of Training (continued)

What: "Staff C completed the annual practicum on 7/30/21. Staff C previous training was dated 3/4/20."

Who: Staff person C was trained initially by a trainer that is no longer employed by the home. Although the trainer did complete the certificate of training, the trainer failed to sign and date it. Staff person C also then was late on completion of their annual practicum.

When: Staff person C has been temporarily removed from administering medications in the home and staff person C is scheduled to complete new initial training by one of the homes Train the Trainers on 11/23/21. Observations will then be completed by one of the homes Train the Trainers before 12/08/21.

How: Training will be provided to staff person C on 11/23/21, completing new initial training. The homes Resident Care Director will review and audit all medication administration training for current staff to ensure complete compliance.

Ongoing: The homes Resident Care Director/Designee will monitor all medication administration training on an ongoing basis to ensure that all staff remain compliant with their ongoing training and practicums.

Completion Date: 12/08/2021

Document Submission

Implemented

Update 12/8/21- Staff person C had been temporarily removed from administering medications in the home until staff person C completed new initial training by one of the homes Train the Trainers. Training was completed to staff person C on 11/27/21 and observations were completed to staff person C on 11/27/21 and 11/28/21 by one of the homes Train the Trainers (Attachment JJ). After successfully completing new initial training and observations [redacted] is once again compliant and able to pass meds again in the home.

Completion Date: 12/08/2021

227d - Support Plan Medical/Dental

1. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessment for resident #1, dated [redacted] indicates the resident has a need for incontinence care. The resident's support plan, dated [redacted] does not document how this need will be met.

Plan of Correction

Accept

11-8-21

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

227d - Support Plan Medical/Dental (continued)

necessity of these services. This requirement does not require a home to pay for the cost of these medical conditions.

What: "The assessment for resident #1, dated [REDACTED], indicates the resident has a need for incontinence care. The resident's support plan, dated [REDACTED] does not document how this need will be met."

Who: Upon completion of resident #1 RASP and as a result of human error, the documentation of how this need will be met was not documented.

When: Training on support plans medical and dental was provided to all staff at the monthly all staff meetings held on 11/16/21 by the homes Resident Care Director. The training will be completed by all remaining direct care staff by 12/8/2021. The homes Resident Care Director documented an update on resident #1 RASP (Attachment J) on 11/18/21 and this was communicated to all direct care staff.

How: Training was and will be provided to review with all staff regarding resident support plans medical and dental. All Staff will sign a Training Attendance Acknowledgement Sheet (Attachment K). The oral training is directly from the Regulatory Compliance Guide. The homes Resident Care Director will print all RASPs from the community online portal and create a binder for the homes Personal Care Wellness area by 12/08/21 for easier reference access to all direct care staff.

Ongoing: The homes Resident Care Director/Designee will audit all of the homes documentation for current residents using the audit sheet created by the community (Attachment L) to ensure compliance. To prevent this from happening moving forward, the Resident Care Director will review each RASP as it is printed for the staff binder to ensure each section is completed in its entirety.

Completion Date: 12/08/2021

Document Submission

Implemented

Update 12/8/21- Training on support plans medical and dental was provided to all staff at the monthly all staff meetings held on 11/16/21 by the homes Resident Care Director (Attachment KK). The training was completed by all remaining direct care staff on 12/1/21 (Attachment KL). The homes Resident Care Director also printed all RASPs from the community online portal and created a binder for the homes Personal Care Wellness area (Attachment N) and (Attachment O). The homes Resident Care Director/Designee will continue to audit all of the homes documentation once completed for ongoing compliance.

Completion Date: 12/08/2021

231c - Preadmission Screening

1. 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 #2 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED] However, resident # 1's written cognitive preadmission screening was not completed.

231c - Preadmission Screening (continued)

Plan of Correction

Accept

11-8-21

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.

What: "Resident #2 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED] However, resident #1's written cognitive preadmission screening was not completed."

Who: Upon completion of resident #2 preadmission screening and as a result of human error, the documentation on the need for a SDCU was not documented and it was not signed by the screener.

When: The homes Daybreak Director completed an internal audit of all of the homes SDCU resident charts utilizing the SDCU audit sheet with the 72-hour column on it created by the community (Attachment M).

How: The homes Daybreak Director will review all preadmission forms from the community online portal the day prior to admission of each resident moving into the homes SDCU.

Ongoing: The homes Daybreak Director will continue ongoing audits all of the homes documentation for current SDCU residents using the audit sheet created by the community to ensure compliance. To prevent this from happening moving forward, the Daybreak Director will review each document prior to it being uploaded into the online system.

Completion Date: 11/22/2021

Document Submission

Implemented

Update 12/8/21- previously completed as of 11/22/2021. The homes Daybreak Director completed an internal audit of all of the homes SDCU resident charts utilizing the SDCU audit sheet with the 72-hour column on it created by the community and will continue to use this for ongoing compliance, while reviewing each document prior to it being uploaded into the online portal.

Completion Date: 11/22/2021

42c - Treatment of Residents

1. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

Resident #1 requires physicals assistance with toileting and continence care according to [REDACTED] RASP dated [REDACTED]. The resident reported the staff delays assistance with care without regard to [REDACTED] sitting on the toilet for an extended period of time. A review of the call bell log indicates Resident #1 waited 24 minutes on 11/2/21 at 1:59pm, 18 minutes on 11/2/21 at 3:14pm, 34 minutes on 11/6/21 at 10:13am, 41 minutes on 11/7/21 at 9:09am and 18 minutes on 11/7/21 at 11:24am.

42c - Treatment of Residents (continued)

REPEAT VIOLATION 4/23/21

Plan of Correction**Accept**

11-8-21

42.c. A resident shall be treated with dignity and respect

What: "Resident #1 requires physical assistance with toileting and continence care according to [REDACTED] RASP dated 10/27/21. The resident reported the staff delays assistance with care without regard to [REDACTED] sitting on the toilet for an extended period of time. A review of the call bell log indicates Resident #1 waited for 24 minutes on 11/2/21 at 1:59pm, 18 minutes on 11/2/21 at 3:14pm, 34 minutes on 11/16/21 at 10:13am, 41 minutes on 11/7/21 at 9:09am, and 18 minutes on 11/7/21 at 11:24am."

Who: Resident Care Director to provide training to all Direct Care Staff on resident rights and treating residents with dignity and respect. Maintenance Director, Resident Care Director and Executive Director to review call bell settings of system that was put into the community earlier this year and schedule additional training on the system through the PAL Care provider.

When: Training on resident rights and treating residents with dignity and respect was provided to all staff at the monthly all staff meetings held on 11/16/21. The training will be completed by all remaining direct care staff by 12/8/2021. Maintenance Director, Resident Care Director and Executive Director to attend training call with PAL Care provider on 11/30/2021 regarding all settings for the new system that is in place.

How: Training was and will be provided to review with all staff regarding resident rights. All Staff will sign a Training Attendance Acknowledgement Sheet (Attachment A). The oral training is directly from the Regulatory Compliance Guide. After setting up the training with PAL Care provider, the Maintenance Director was able to adjust the settings for the call bell system to alert staff every minute until the residents' call is answered.

Ongoing: Staff will continue to receive their initial training during their first shift in the community and will continue to receive the annual review training as well. Any concerns will be reviewed immediately, and any patterns or trends will be reviewed at the Quarterly Quality Assurance Meeting. The community management team will be ordered devices to help with the ongoing daily monitoring and support of the direct care staff. The Resident Care Director and Designee will receive alerts via text message on phone when a call bell is not responded to within the appropriate timeframe. The community Executive Director, Resident Care Director and Designee will continue to review daily call bell reports and immediately address any patterns.

Completion Date: 12/08/2021

Document Submission**Implemented**

Update 12/8/21- Training on resident rights and treating residents with dignity and respect was provided to all staff at the monthly all staff meetings held on 11/16/21 (Attachment AA). The training was completed by all remaining direct care staff on 12/1/21. The homes Maintenance Director, Resident Care Director, Daybreak Director, Wellness Nurse and Executive Director attended a training call with PAL Care provider on 11/30/2021 regarding all settings for the new system that is in place (Attachment AC). During that call, it was noted that the home was utilizing the

42c - Treatment of Residents (continued)