



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [REDACTED]
April 26, 2022

[REDACTED]
[REDACTED]
Wilmatt, Inc.
[REDACTED]
[REDACTED]

RE: McCallum Assisted Life
7141 McCallum Street
Philadelphia, Pennsylvania 19119
License #: 144450

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on November 17, 18, and 19, 2021 and January 28, 2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Mia Johnson

Mia Johnson
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

Facility Information

Name: *MCCALLUM ASSISTED LIFE* License #: *14445* License Expiration: *04/01/2022*
Address: *7141 MCCALLUM STREET, PHILADELPHIA, PA 19119*
County: *PHILADELPHIA* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: *2152422991* Email: [REDACTED]

Legal Entity

Name: *WILMATT INC*

Address: [REDACTED]

Phone: *2152422991*

Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-3 SP* Date: *02/20/1991* Issued By: *City of Philadelphia*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *33* Waking Staff: *25*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *11/18/2021*

Inspection Dates and Department Representative

11/17/2021 - On-Site: [REDACTED]

11/18/2021 - On-Site: [REDACTED]

11/19/2021 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *48* Residents Served: *29*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Diagnosed with Mental Illness: *26*

Have Mobility Need: *4*

Are 60 Years of Age or Older: *21*

Diagnosed with Intellectual Disability: *4*

Have Physical Disability: *1*

Inspections / Reviews

11/17/2021 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/23/2021*

01/13/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/17/2022*

01/20/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *02/25/2022*

03/28/2022 - Document Submission

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

42b - Abuse

1. Requirements

2600.

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

Description of Violation

The home failed to assist resident #1 as [REDACTED] mental status declined and caused [REDACTED] to engage in unsafe behaviors. Staff person A, stated that [REDACTED] has been told by other staff to "leave resident #1 alone and not to bother [REDACTED]" Resident #1 has been allowed to wander the streets between the hours of 1:30 am and 6:30 am yelling profanity, singing war songs and urinating on the neighbor's property. Staff have been intimidated by the residents' aggressive behaviors and size. In the past [REDACTED] has charged at staff in anger. The home have neglected to intervene or put safety precautions in place. The neglectful behavior of the home, put resident #1 in a vulnerable position of being recorded by neighbors and increased the risk to being victimized in the community.

Resident #2 has hypertension and stage III kidney disease. The last time resident #2 was evaluated by a physician was [REDACTED]/18.

Plan of Correction**Accept**

Resident #1 has a case manager who was notified before [REDACTED] was sent to the hospital in November. [REDACTED] also has a fiduciary with the VA who has been notified. [REDACTED] doctor with the VA has been involved and is scheduled to do a zoom call with [REDACTED] the first week of February. Resident #1 has been compliant with house rules and taking [REDACTED] medication's since [REDACTED] has returned from the hospital. Staff continues to observe resident taking [REDACTED] medication. RCC, [REDACTED] and Asst RCC, [REDACTED] were trained to make sure every resident is seen by a physician yearly with a DME placed in files. [REDACTED], Administrator will check to make sure a current DME (less than a year old) is in every residents chart. Audits will be done quarterly. Staff has been trained on safe management techniques including de-escalating agitation, better communication, and positive interventions with residents who have difficult behaviors, by [REDACTED], RCC. This training has been added to the yearly training schedule.

Completion Date: 12/31/2021

Document Submission**Implemented**

See Attached!

42x - Safeguard

1. Requirements

2600.

42.x. A resident has the right to a system to safeguard a resident's money and property.

Description of Violation

McCallum Assisted Life Home Rules and Responsibilities fail to assist with safeguarding the residents' property with the following statement in the written home rules:

"The home and the staff are not responsible for any missing or stolen personal property (including money) or possessions".

42x - Safeguard (continued)

Plan of Correction

Accept

Immediate: (12/20/2021) A sentence was added to the house rules and it now reads as follows: The home and the staff are not responsible for any missing or stolen personal property (including money) or possessions. A safe is available for residents to safeguard money or property in the community if needed.

Completion Date: 12/20/2021

Document Submission

Implemented

See Attached!

56 - Admin 20 Hours/Week

1. Requirements

2600.

56. Administrator Staffing - The administrator shall be present in the home an average of 20 hours or more per week, in each calendar month.

Description of Violation

During the weeks of 11/7/21 - 11/20/21, the schedule displays the administrator being onsite Monday - Friday, however there was no documentation provided as to what hours were actually worked by the administrator. On Thursday 11/17/21 and Friday 11/18/21 the Department was onsite and the administrator was not present and available as scheduled. According to resident interviews the administrator is not on-site often.

Plan of Correction

Accept

Immediate: (12/20/2021) Schedule was changed to list that administrator hours are 20+ per week and hours vary day to day. Administrator will also keep a log in the office showing hours worked each week.

Completion Date: 12/20/2021

Document Submission

Implemented

See Attached!

60b - Additional Staffing

1. Requirements

2600.

60.b. The Department may require additional staffing as necessary to protect the health, safety and well-being of the residents. Requirements for additional staffing will be based on the resident's assessment and support plan, the design and construction of the home and the operation and management of the home.

Description of Violation

The home does not have enough staff to assist with the challenging behaviors of chronically ill mental health residents. Resident #1 has been witnessed by many community members agitated and wandering in the community between the hours of 1:30 am and 6:30 am. The home has 1 staff person working the overnight shift to care for 29 residents. The home cannot safely provide care for 1 resident wandering [redacted] Avenue and 28 residents in the home during sleeping hours.

Plan of Correction

Accept

Resident #1 has a case manager who was notified before [redacted] was sent to the hospital in November. [redacted] also has a fiduciary with the VA who has been notified. [redacted] doctor with the VA has been involved and is scheduled to do a zoom call with [redacted] the first week of February. Resident #1 has been compliant with house rules and taking [redacted]

60b - Additional Staffing (continued)

medication's since [redacted] has returned from the hospital. Staff continues to observe resident taking [redacted] medication. RCC, [redacted] and Asst RCC, [redacted] were trained to make sure every resident is seen by a physician yearly with a DME placed in files. [redacted], Administrator will check to make sure a current DME (less than a year old) is in every residents chart. Audits will be done quarterly.

Staff has been trained on safe management techniques including de-escalating agitation and better communication with residents who have difficult behaviors, by [redacted], RCC. This training has been added to the yearly training schedule.

Since [redacted] return from the hospital resident #1 has agreed to follow home rules of quiet hours between 11PM and 7AM and there have been no additional problems with [redacted] behavior. [redacted], RCC will continue to monitor resident #1, as well as all our residents and [redacted] will add additional staffing as necessary.

Completion Date: 12/31/2021

Document Submission

Implemented

See Attached!

63a - First Aid/CPR Training

1. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On 11/14/21, 11/16/21, and 11/18/21 from 11:00 pm to 6:30 am, 29 residents were present in the home. During this time staff person B was the only staff present in the home and is not certified in First Aid/CPR.

Plan of Correction

Accept

Immediate: (11/19/21) The RCC scheduled a CPR and First Aid Certification trainer for January 4th.

Training: (11/19/21) RCC and Asst RCC were trained on having all staff trained in CPR and First Aid before being put on the schedule.

On-going: New staff will be CPR and First Aid trained before going on schedule.

Completion Date: 11/19/2021

Document Submission

Implemented

See Attached!

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

Plan of Correction

Accept

Training: (11/19/21), [REDACTED], RCC and [REDACTED], Asst RCC were trained on having all staff take the department approved direct care training course and pass the competency test before being put on the schedule.
 On-going: New staff will take the department approved direct care training course and pass the competency test before being put on the schedule.
 On-Going: [REDACTED], Administrator will check to make sure all new staff have a copy of their completed direct care training course in their file. Audits will be done quarterly.

Completion Date: 12/31/2021

Document Submission

Implemented

See Attached!

66b - Training Plan Content

1. Requirements

2600.

- 66.b. The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:
1. The name, position and duties of each direct care staff person.
 2. The required training courses for each staff person.
 3. The dates, times and locations of the scheduled training for each staff person for the upcoming year.

Description of Violation

The home's staff training plan does not include positive intervention techniques.

The home's staff training plan does not include the dates, times and locations of the scheduled training for each staff person for the upcoming year.

66b - Training Plan Content (continued)

Plan of Correction

Accept

Immediate: (11/19/21) The staff training plan for 2022 has been completed with dates, times, and locations. The new plan includes positive intervention techniques.

Completion Date: 11/19/2021

Document Submission

Implemented

See Attached!

141b1 - Annual Medical Evaluation

1. Requirements

2600.

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

Description of Violation

Resident #1's most recent medical evaluation was completed on [redacted]/2019.

Resident #2's most recent medical evaluation was completed on [redacted]/2018.

Resident #3's most recent medical evaluation was completed on [redacted]/2018.

Plan of Correction

Accept

Immediate: (12/10/21) RCC and Asst RCC were trained to make sure medical evaluation is filled out completely by physician or registered nurse with ALL required information filled out at least annually.

Training: (12/10/21) RCC and Asst RCC were trained to make sure medical evaluation is filled out completely by physician or registered nurse with ALL required information filled out at least annually.

On-going monitoring: Administrator will double check resident files quarterly to ensure medical evaluation is filled out at least annually.

Resident #1 was completed [redacted]/21.

Resident #2 has appointment with [redacted] physician on [redacted] at 10 AM at which time the physician will fill out the medical evaluation.

Resident #3 has appointment with [redacted] physician on [redacted] at 10 AM at which time the physician will fill out the medical evaluation.

Completion Date: 12/17/2021

Document Submission

Implemented

See Attached!

201 - Positive Interventions

1. Requirements

2600.

201. Safe Management Techniques - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

201 - Positive Interventions (continued)

Description of Violation

Resident #1, walks around the neighborhood between the hours of 1:30 am and 6:30 am yelling [REDACTED] statements and profanity, singing war songs and urinating on the neighbors property. The home has not implemented positive interventions to modify or eliminate the behavior.

The home rules allocate a time of 7:00 am - 11:00 pm for residents to participate in community activities. Staff have failed to ensure the home rules pertaining to curfew are followed to ensure the safety of all the residents in the home.

Plan of Correction

Accept

(11/19/2021) Staff has been trained on safe management techniques including de-escalating agitation, better communication, and positive interventions with residents who have difficult behaviors, by [REDACTED], RCC. This training has been added to the yearly training schedule.

(12/16/2021)The Administrator, [REDACTED], and RCC, [REDACTED] met with Resident number 1 to emphasize the importance of following home rules for [REDACTED] safety and the good of the community. Resident #1 had a has been compliant with house rules and taking [REDACTED] medication's since [REDACTED] has returned from the hospital.

Completion Date: 01/17/2022

Document Submission

Implemented

See Attached!

221b - Activity Types

1. Requirements

2600.

221.b. The program must provide social, physical, intellectual and recreational activities in a planned, coordinated and structured manner.

Description of Violation

Staff person C, acknowledged the home's activities program has not been implemented since the pandemic.

Plan of Correction

Accept

For the safety of our residents, the community elected not to hold group events due to the pandemic. We have implemented the activities program again.

Completion Date: 12/23/2021

Document Submission

Implemented

See Attached!

223a - Description of Service

1. Requirements

2600.

223a - Description of Service (continued)

- 223.a. The home shall have a current written description of services and activities that the home provides including the following:
1. The scope and general description of the services and activities that the home provides.
 2. The criteria for admission and discharge.
 3. Specific services that the home does not provide, but will arrange or coordinate.

Description of Violation

On 11/18/21, the home was not able to produce a written description of services and activities at the home to include a description of services, criteria for admission and discharge, and/ or services that are not provided but services are coordinated.

Plan of Correction

Accept

RCC forgot to send over the Description of Services and Discharge/Transfer Policy. It is attached.

Completion Date: 11/19/2021

Document Submission

Implemented

See Attached!

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]/21, does not document the residents aggressive behaviors and [redacted] lack of socially acceptable standards while in the community. The resident's support plan, dated [redacted]/21 does not document how these needs will be met.

The assessment for resident #2, dated [redacted]/21, does not indicate the resident has a need for treatment and nutritional meals due to health concerns with chronic kidney disease stage III, and hypertension.

The assessment for resident #3, dated [redacted]/21, indicates the resident has a need for hearing aids. The resident's support plan, dated [redacted]/21 states that the resident will be seen by the VA for the issue and follow-up. However the resident has not been seen by the VA or received any hearing devices.

Plan of Correction

Accept

Immediate: (12/10/21) RCC and Asst RCC were trained to make sure the support plan Medical/Dental is filled out completely with ALL required information filled out at least annually or upon change of condition.

Training: (12/10/21) RCC and Asst RCC were trained to make sure the support plan Medical/Dental is filled out

227d - Support Plan Medical/Dental (continued)

completely with ALL required information filled out at least annually or upon change of condition.

Resident #1 was updated on 12/22/2021

Resident #2 was updated on 12/22/2021

Resident #3 was updated on 12/22/2021

Completion Date: 12/22/2021

Document Submission

Implemented

See Attached!

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

Facility Information

Name: *MCCALLUM ASSISTED LIFE* License #: *14445* License Expiration: *04/01/2022*
Address: *7141 MCCALLUM STREET, PHILADELPHIA, PA 19119*
County: *PHILADELPHIA* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: *215-242-2991* Email: [REDACTED]

Legal Entity

Name: *WILMATT INC*

Address: [REDACTED]

Phone: *2152422991*

Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *30*

Waking Staff: *23*

Inspection Information

Type: *Partial*

Notice: *Unannounced*

BHA Docket #:

Reason: *Interim*

Exit Conference Date: *01/28/2022*

Inspection Dates and Department Representative

01/28/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *48*

Residents Served: *29*

Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *23*

Diagnosed with Mental Illness: *26*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *1*

Have Physical Disability: *0*

Inspections / Reviews

01/28/2022 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *02/21/2022*

03/22/2022 - POC Submission

Inspections / Reviews (*continued*)

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *03/26/2022*

04/25/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

65d - Initial Direct Care Training

1. Requirements

2600.

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

1. Training that includes a demonstration of job duties, followed by supervised practice.
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

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

Plan of Correction

Accept

From Previous Plan of Correction from December 2021:

Training: (11/19/21) RCC and Asst RCC were trained on having all staff take the department approved direct care training course and pass the competency test before being put on the schedule.

On-going: New staff will take the department approved direct care training course and pass the competency test before being put on the schedule.

Staff person A was the only person missing department approved direct care training. It has now been completed.

Audit of all personnel files in scheduled for last week of February 2022.

Completion Date: 02/10/2022

Document Submission

Implemented

See Attached!

141a - Medical Evaluation

1. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

Resident #1, admitted [REDACTED] 20, does not have a completed medical evaluation.

Plan of Correction

Directed

This was answered on previous POC due on 2/19/2022.

DPOC - SP - 03-22-2022

Within 3 calendar days of receipt of this POC, the administrator shall audit all resident DME's for accuracy and completion. Within 5 calendar days receipt of this POC, administrator will coordinate and schedule with resident physicians to ensure all annual DME's are completed. All DME's will be kept in resident records for Department review. Administrator will develop a DME tracking checklist within 3 calendar days receipt of this POC.

Completion Date:

Document Submission

Implemented

See Attached!

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.

Description of Violation

On 1/28/22, Nicotine patches and Nicotine lozenges prescribed for Resident #2, were in the cabinet in the home's medication room; however, the medication was discontinued.

Plan of Correction**Accept**

2/15/2022 Med Techs were trained to look for errors from pharmacy with labels. Training included looking for errors from pharmacy labels, making sure the MAR indicates diagnosis or purpose of medication, making sure all medication administered is on MAR and initialed by staff administering the medication, making sure the pharmacy and VA have delivered medication in a timely fashion that is prescribed by physician, and disposing of discontinued medication.

Completion Date: 02/15/2022

Document Submission**Implemented**

See Attached!

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:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident #2 is prescribed Urea 20% cream. However, resident's January medication administration record does not list the medication.

Plan of Correction**Accept**

2/15/2022 Med Techs were trained to look for errors from pharmacy with labels. Training included looking for errors from pharmacy labels, making sure the MAR indicates diagnosis or purpose of medication, making sure all medication administered is on MAR and initialed by staff administering the medication, making sure the pharmacy and VA have delivered medication in a timely fashion that is prescribed by physician, and disposing of discontinued medication.

Completion Date: 02/15/2022

187a - Medication Record (continued)

Document Submission**Implemented***See Attached!*

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

Resident #3 is prescribed Risperidone 3 MG Tab, 1 tablet twice per day. However, staff person B stated resident 3 is administered 2 tablets twice per day.

Plan of Correction**Accept**

2/15/2022 Med Techs were trained to look for errors from pharmacy with labels. Training included looking for errors from pharmacy labels, making sure the MAR indicates diagnosis or purpose of medication, making sure all medication administered is on MAR and initialed by staff administering the medication, making sure the pharmacy and VA have delivered medication in a timely fashion that is prescribed by physician, ensuring prescribers orders are followed, and disposing of discontinued medication.

Completion Date: 02/15/2022**Document Submission****Implemented***See Attached!***2. Requirements**

2600.

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

Description of Violation

Resident #2 is prescribed Vitamin D Tab 2000 Unit, 1 tablet by mouth daily. However, this medication was not administered to resident 2 on 1/28/22 at 8:00 am because the medication was not available in the home.

Plan of Correction**Accept**

2/15/2022 Med Techs were trained to look for errors from pharmacy with labels. Training included looking for errors from pharmacy labels, making sure the MAR indicates diagnosis or purpose of medication, making sure all medication administered is on MAR and initialed by staff administering the medication, making sure the pharmacy and VA have delivered medication in a timely fashion that is prescribed by physician, ensuring prescribers orders are followed, and disposing of discontinued medication.

Completion Date: 02/15/2022**Document Submission****Implemented***See Attached!*

225c - Additional Assessment

1. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

225c - Additional Assessment (*continued*)**Description of Violation**

Resident #1's assessment, dated [REDACTED] 20 does not include assessment for Supervision and Mobility.

Resident #1's assessment, dated [REDACTED] /21 does not include assessment for Supervision and Mobility.

Plan of Correction**Directed**

This was answered on previous POC due on 2/19/2022.

DPOC - SP - 01-27-2022

Within 3 calendar days receipt of this POC, the administrator will review all Resident Assessment Support Plans (RASP). Within 5 calendar days receipt of this POC, the administrator shall ensure RASP are completed in entirety. Administrator will update policy and create a checklist within 5 calendar days receipt of this POC. Policy should include methods to audit compliance on an ongoing basis. Administrator will conduct audits and update checklist at least two times monthly. Staff shall be trained on policy developments/updates within 3 calendar days receipt of POC. and then quarterly thereafter for a year. Documentation of the audit, checklist, and staff training shall be provided to the Department within 5 calendar days receipt of this POC.

Completion Date:**Document Submission****Implemented**

See latest RASP audit attached!

184a - Labeling OTC/CAM

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

The pharmacy label for resident #3's Risperidone 3 MG Tab says take 2 tablets by mouth twice per day. The medication administration record says take 2 tablets by mouth at bedtime. The physician's order says take 1 tablet twice per day.

Repeat Violation: 4/20/21 et al.

Plan of Correction**Directed**

This was answered on previous POC due on 2/19/2022.

DPOC - SP - 03-22-2022

Within 3 calendar days receipt of this POC, the administrator shall audit all medication for proper labels. Administrator will update policy and create a checklist within 3 calendar days receipt of this POC. Policy should include methods to audit compliance on an ongoing basis. Administrator will conduct audits and update checklist at least two times monthly. Medication Administration staff shall be trained on policy developments/updates within 3 calendar days receipt of POC. and then quarterly thereafter for a year. Documentation of the audit, checklist, and

184a - Labeling OTC/CAM (continued)

staff training shall be provided to the Department within 3 calendar days receipt of this POC.

Completion Date:

Document Submission

Implemented

See Attached!

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

Resident #2 is prescribed Trazadone 50 MG as needed. On 1/28/22 the medication was not available in the home.

Repeat Violation: 4/20/21 et al.

Plan of Correction

Accept

2/15/2022 Med Techs were trained to look for errors from pharmacy with labels. Training included looking for errors from pharmacy labels, making sure the MAR indicates diagnosis or purpose of medication, making sure all medication administered is on MAR and initialed by staff administering the medication, making sure the pharmacy and VA have delivered medication in a timely fashion that is prescribed by physician, ensuring prescribers orders are followed, and disposing of discontinued medication.

Completion Date: 02/15/2022

Document Submission

Implemented

See Attached!

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

Resident #3 is prescribed Aspirin Low, Lisinopril, and Metformin . Resident #3's medication administration record does not include the initials of the staff person who administered these medications on 1/28/22 at 8:00 am.

Staff person B admitted that all 8:00 am medication had been administered to residents on 1/28/22, but the medication administration records had not been updated. Staff person B stated the reason for this was the staff person was going to go back and initial the medication administration records around 9:00 am but the agent from the department arrived.

Repeat Violation: 4/20/21 et al.

Plan of Correction

Accept

2/15/2022 Med Techs were trained to look for errors from pharmacy with labels. Training included looking for errors from pharmacy labels, making sure the MAR indicates diagnosis or purpose of medication, making sure all medication administered is on MAR and initialed by staff administering the medication, making sure the pharmacy and VA have delivered medication in a timely fashion that is prescribed by physician, ensuring prescribers orders are followed, and disposing of discontinued medication.

Completion Date: 02/15/2022

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

Document Submission

Implemented

See Attached!