



CERTIFIED MAIL – RETURN RECEIPT
REQUESTED MAILING DATE: May 5, 2022

[REDACTED]
William Penn Health Care Associates LP
1021 Walton Road
Jeannette, Pennsylvania 15644

RE: William Penn Senior Suites and
Personal Care
1021 Walton Road
Jeannette, Pennsylvania 15644
License/COC #: 444251

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on October 18, 2021, October 19, 2021, October 20, 2021, December 13, 2021, and December 14, 2021, of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance (license number 444250) dated December 3, 2021 – December 3, 2022, and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026 (b)(1) and 55 Pa. Code § 20.71(a)(2); (3); (4) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from May 5, 2022 to November 5, 2022.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

Pursuant to 62 P.S. 1085-1087 and 55 Pa. Code § 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

55 Pa. Code Chapter 2600	Class of Violation	Census at Inspection X	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
Section:					
57(c)	II	51	\$5	\$255	5 calendar days from mailing date of this letter
57(d)	II	51	\$5	\$255	5 calendar days from mailing date of this letter

A fine will be assessed daily beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Jeanne Parisi, Bureau Director
 Pennsylvania Department of Human Services
 Bureau of Human Services Licensing
 Room 631, Health and Welfare Building
 625 Forster Street
 Harrisburg, Pennsylvania 17120
 PH: 717-783-3670

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.


Sincerely,

Handwritten signature of Jamie F. Buchenauer in black ink.

Jamie Buchenauer
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc:

Redacted recipient information consisting of three black rectangular boxes of varying lengths stacked vertically.

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

Facility Information

Name: *WILLIAM PENN SENIOR SUITES AND PERSONAL CARE* License #: *44425* License Expiration: *12/03/2022*
Address: *1021 WALTON ROAD, JEANNETTE, PA 15644*
County: *WESTMORELAND* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: *7245193700* Email: [REDACTED]

Legal Entity

Name: *WILLIAM PENN HEALTH CARE ASSOCIATES LP*
Address: *1021 WALTON ROAD, JEANNETTE, PA, 15644*
Phone: *7245193700* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *02/20/2012* Issued By: *Township of Penn*

Staffing Hours

Resident Support Staff: *2* Total Daily Staff: *78* Waking Staff: *59*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Incident, Monitoring* Exit Conference Date: *12/14/2021*

Inspection Dates and Department Representative

12/13/2021 - On-Site: [REDACTED]
12/14/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *108* Residents Served: *51*

Secured Dementia Care Unit

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

Hospice

Current Residents: *9*

Number of Residents Who:

Receive Supplemental Security Income: *1* Are 60 Years of Age or Older: *51*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *25* Have Physical Disability: *0*

Inspections / Reviews

12/13/2021 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/03/2022*

01/25/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/31/2022*

03/02/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *03/31/2022*

04/05/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Exception* Follow-Up Date:

25c10 - Advance Notice

1. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

10. A statement that the resident is entitled to at least 30 days' advance notice, in writing, of the home's request to change the contract.

Description of Violation

On 7/30/21, numerous residents, including resident #1, received a notice of intent to increase resident rates for room and board; however, the notice did not indicate the cost of the rate increases or the date the rate increases are to take effect.

Plan of Correction

Accept

Regulation 2600.25.c

IMMEDIATE ACTION: Documentation was discovered which showed Resident #1 received notification on 9/9/2021 of the rate increase. Due to a clerical error, the listed effective date was incorrect. The correct effective date is 11/1/21. Resident #1 is entitled to a credit \$3,866 for the difference between August rate and September and October rates. Resident #1 was issued a credit of \$3,965.50 in 2021.

ACTION: On 3/1/2022, an audit of resident charges and 30-day notification of the rate change which occurred Fall 2021 was completed. In addition to Resident #1, there were 31 residents who received a 30-day rate change notification during this time. Of the 31 residents, 12 will be issued a credit based on date of the 30-day notification. (Per the home's designee on 3/2/22, the financial records of the remaining 19 residents were reviewed and determined no rate increase was issued. LM 3/2/22). The credits will be reflected in the 3/25/22 statement bill for April charges.

ACTION PLAN: When planning any contract change, the Resident and the Responsible Party will be notified in writing at least 30-days before the change. The Residents will receive a hand-delivered 30-day notification in writing, and, if applicable, the Responsible Party will receive 30-day notice in the mail.

ATTACHMENTS: Resident #1 Transaction Report, Resident #1 R&B Breakdown

 4/5/22

Completion Date: 04/01/2022 Licensee's Proposed Date for POC Implementation

Not Implemented

25c13 - Complaint Procedure

1. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

13. Written information on the resident's rights and complaint procedures as specified in § 2600.41 (relating to notification of rights and complaint procedures).

Description of Violation

Resident #2's resident-home contract, dated [REDACTED]/21, does not include a statement signed by the resident acknowledging receipt of the resident rights and complaint procedures. Exhibits E and F of the resident #2's resident-home contract, which are the resident rights and complaint procedures, are only signed by resident #2's designated person.

Plan of Correction

Accept

Regulation 2600.25.c

25c13 - Complaint Procedure (continued)

25.c. At a minimum, the contract must specify the following:


13. Written information on the resident's rights and complaint procedures as specified in § 2600.41 (relating to notification of rights and complaint procedures).

12/30/2021 Immediate Action: The PCHA reviewed the contract with the resident. The resident verbalized understanding of contract and resident #1 signed Contract to ensure compliance with regulation 2600.25.c13

12/30/2021 Action: The PCHA will completed the resident agreement audit by 1/7/2022. The PCHA and additional reviewer will review all contracts within 24 hours of move in date for compliance. The PCHA will ensure all resident agreements are signed by 1/31/2022 to ensure compliance with regulation 2600.25.c13

12/30/2021 Action Plan: On 12/20/2021 designated staff person developed and implemented a new admission checklist with 2 reviewers' signatures to ensure a resident-home contract is completed for each new admission within 24 hours of admission, and that all applicable parties specified in 2600.25b sign the resident-home contract. The completed new admission checklist shall be kept in each resident's record. Documentation will be kept.

Attachments: Audit Tool

 4/5/22

Completion Date: 01/05/2022 Licensee's Proposed Date for POC Implementation

Not Implemented

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

On 7/30/21, the president of the home issued a notice to resident #1's designated person. The notice stated, "with reference to your letter of July 21, 2021, don't send me anymore of your complaining letters. Your [redacted] is content and satisfied as a resident in our facility. If you wish to continue your complaining and harassment, I suggest you contact the governor's office of Tom Wolf, or call [redacted] Secretary of Health and complain to [redacted]". The notice also indicated, ".....You should move your [redacted] closer to you by finding a location that better meets your needs.....I have enough problems dealing with COVID-19, let alone dealing with your issues. As soon as you are able to relocate your loved one, we will prepare [redacted] for [redacted] transfer. Do you want us to notify [redacted] this week or next week?"

Plan of Correction

Accept

Regulation 2600.42.b


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

12/30/2021 Immediate Action: PCHA reviewed the 7/21/2021 letter

12/30/2021 Action: A letter was drafted containing education on abuse and regulation 2600.42.b. This letter will be sent to the [redacted] on 1/3/2022 to ensure compliance with regulation 2600.42.b

12/30/2021 Action Plan: Additional education on abuse prevention will be sent to [redacted] on 2/3/2022 as part of on-going education and to ensure compliance with 2600.42.b. Documentation will be kept.

Attachments: 12/30/2021 Letter & education, 2/3/2022 Letter and education

 4/5/22

Completion Date: 01/05/2022 Licensee's Proposed Date for POC Implementation

Not Implemented

60a - Staff/Support Plan

1. Requirements

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

On 10/31/21, there were 50 residents in the home, including 22 residents with mobility needs. Of the 22 residents with mobility needs, 2 of the residents require the physical assistance of 2 staff persons to transfer in/out of bed/chair. The home's most recent fire safety inspection conducted by a fire safety expert on 1/8/21 indicates the maximum fire-safe time to evacuate to the multiple fire safe areas in the home is 6 minutes, 30 seconds; however, there were only 2 staff persons present in the home from approximately 11:00 p.m. through 6:30 a.m., which is not adequate to safely evacuate all residents in the event of an emergency.

On 12/5/21, there were 51 residents in the home, including 25 residents with mobility needs. Of the 22 residents with mobility needs, 2 of the residents require the physical assistance of 2 staff persons to transfer in/out of bed/chair. The home's most recent fire safety inspection conducted by a fire safety expert on 1/8/21 indicates the maximum fire-safe time to evacuate to the multiple fire safe areas in the home is 6 minutes, 30 seconds; however, there were only 2 staff persons present in the home from approximately 12:00 a.m. through 6:30 a.m., which is not adequate to safely evacuate all residents in the event of an emergency.

Plan of Correction**Accept**

Regulation 2600.60.a

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

12/30/2021 Immediate Action: The PCHA and new Universal Worker will calculate daily staffing requirements to ensure the home meets the needs of the residents as specified in the resident assessment and support plan. If the home is unable to provide minimum direct care staffing, a designated staff person shall contract with a staffing agency to obtain additional direct care staffing to ensure minimum staffing requirements are maintained.

12/14/2021 Action: A Universal Worker was hired whose primary duty is to maintain proper staffing levels. The Universal Worker builds the schedule, coordinates with agencies and works on all shifts to maintain compliance with Regulation 2600.60.a

12/30/2021 Action Plan: The PCHA will continue to review daily the mobility needs of the resident and staffing hours of the direct care staff. The PCHA will work with the Universal Worker help with compliance with regulation 2600.60.a. Job posting continue to be posted on multiple Job sites to help with staffing needs. The home has hired 4 new direct care workers since 12/13/2021. The PCHA will continue to monitor staffing needs and sign off on the staffing sheets for a period of 6 months ending on 6/30/22. Documentation will be kept.

Attachments: Daily Census Calculator

 4/5/22

Completion Date: 01/05/2022 Licensee's Proposed Date for POC Implementation

Not Implemented

101j7 - Lighting/Operable Lamp

1. Requirements

2600.

101j7 - Lighting/Operable Lamp (continued)

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 12/13/21, resident #3's bedside lamp was approximately 2' from the resident's bed and could not be turned on/off at bedside.

Plan of Correction**Accept**

Regulation 2600.101.j.

2600.101.j7 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

IMMEDIATE ACTION: On 12/30/2021 Tap light was installed on the headboard within reach from resident's #3 bed to be in compliance with Regulation 2600.101.j

ACTION: On 12/30 and 31, 2021, tap lights were installed to headboards or nearest surfaces (wall or bedside table) all installation locations are within reach from each resident's bed to ensure compliance with regulation 2600.101j7. Maintenance Director completed an audit on 12/31/2021 of all tap lights for proper placement and functionality to ensure compliance with the regulation. Documentation will be kept.

ACTION PLAN: Maintenance Director created an audit tool for the tap lights. Maintenance Director/designee will audit the tap lights monthly for 3 months for proper placement and functionality to ensure compliance with 2600.101j7. Staff will be educated by 3/4/2022 on the tap lights and Regulation 2600.101j7.

ATTACHMENTS: Audit Tool

 4/5/22

Completion Date: 03/04/2022 Licensee's Proposed Date for POC Implementation

Not Implemented**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 12/14/21, resident #5's glucometer was not calibrated to the current date.

On 12/14/21, resident #6's glucometer was not calibrated to the current date and time.

Resident #4 is prescribed Humalog Kiwk Pen-100 units/ml-Inject subcutaneously 3 times a daily per sliding scale: 70-140= 0 units; 171-180=1 unit; 181-220=2 units; 221-260=3 units; 261-300=4 units; 301-340=5 units; >341=6 units and call MD. The following blood sugar readings were documented on the resident's December 2021 medication administration record (MAR); however, no blood sugar readings were present on resident #4's glucometer for these dates/times:

- 12/13/21 at 4:00 p.m.-Blood sugar reading of 132
- 12/10/21 at 4:00 p.m.-Blood sugar reading of 134

On 12/13/21 at 8:00 p.m., resident #5's blood sugar reading was 192; however, a blood sugar reading of 188 was documented on the resident's December 2021 MAR.

185a - Implement Storage Procedures (continued)

Resident #6 is prescribed Novolog Solution-100 units/ml-Inject subcutaneously 4 times daily per sliding scale: 0-150=0 units; 151-180=2 units; 181-200=4 units; 201-250=6 units; 251-300=8 units; 301-350=10 units; 351-400=12 (if <70 or >400, call MD).

On 12/13/21 at 8:00 p.m., resident #6's blood sugar reading was 144; however, a blood sugar reading of 155 was documented on resident #6's December 2021 MAR.

On 12/10/21 at 4:00 p.m., a blood sugar reading of 266 was documented on resident #6's December 2021 MAR; however, no blood sugar reading was present on resident #6's glucometer for this date/time.

Plan of Correction**Accept**


Regulation 2600.185a

IMMEDIATE ACTION: Resident #5 and #6 glucometers were calibrated to current date and time. Verbal education to Med Tech about importance of regulation 2600.185a and correct date and time on glucometers was provided and on proper documentation of blood sugar readings. All resident glucometers were checked to ensure compliance with regulation 2600.185a.

ACTION: Glucometer checks were added to the MAR for all residents with glucometers to ensure compliance with regulation 2600.185. The PCHA had an In-Service on 1/6/2022 to review calibration of glucometers and proper documentation of blood sugar readings. All Med Techs will complete their Diabetic Training as of 3/31/2022. Documentation shall be kept.

ACTION PLAN: Wellness Director will provide additional one-on-one diabetic and glucometer training by 3/31/2022. Wellness Director/designee will develop an audit tool to ensure compliance with regulation 2600.185a. An audit of glucometer calibration and proper documentation will begin by 3/31/2022. This audit will continue weekly for one month and monthly for 2 months after.

ATTACHMENTS: Audit Tool

 4/5/22

Completion Date: 03/31/2022 Licensee's Proposed Date for POC Implementation

Not Implemented**187d - Follow Prescriber's Orders****1. Requirements**

2600.

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

Description of Violation

Resident #4 is prescribed Humalog Kiwk Pen-100 units/ml-Inject subcutaneously 3 times a daily per sliding scale: 70-140= 0 units; 171-180=1 unit; 181-220= 2 units; 221-260= 3 units; 261-300=4 units; 301-340= 5 units; >341= 6 units and call MD. The following blood sugar readings were documented on the resident's December 2021 medication administration record (MAR); however, no blood sugar readings were present on resident #4's glucometer for these

187d - Follow Prescriber's Orders (continued)

dates/times, so it is unable to be determined if insulin should have been administered to the resident in accordance with the prescribed sliding scale:

- 12/13/21 at 4:00 p.m.-Blood sugar reading of 132
- 12/10/21 at 4:00 p.m.-Blood sugar reading of 134

Resident #6 is prescribed Novolog Solution-100 units/ml-Inject subcutaneously 4 times daily per sliding scale: 0-150=0 units; 151-180=2 units; 181-200=4 units; 201-250=6 units; 251-300=8 units; 301-350=10 units; 351-400=12 (if <70 or >400, call MD). On 12/10/21 at 4:00 p.m., a blood sugar reading of 266 was documented on resident #6's December 2021 MAR; however, no blood sugar reading was present on resident #6's glucometer for this date/time, so it is unable to be determined if insulin should have been administered to the resident in accordance with the prescribed sliding scale.

Plan of Correction**Accept**

2600.187 d

Immediate Action: Staff verbally educated on the importance of documentation of Blood sugar readings correctly.

Action: The PCHA or designee will check the MAR with the Blood Glucose glucometer weekly for one month to ensure proper documentation. The PCHA has a mandatory staff meeting scheduled for 1/06/22 to go over regulation 2600.187d. Documentation shall be kept.

Action Plan: 1/3/22 until 04/03/21 Action Plan : The PCHA or designee will shadow all staff responsible for using diabetic equipment 2 times a month starting on 1/03/21 and then monthly until 04/03/21 to ensure proper use of Glucometers, calibration and documentation pertaining to regulation 2600.185a. The PCHA or Designee will check the blood glucose readings with the MAR weekly for one month to ensure compliance with regulation 2600.187 d.

Documentation shall be kept.

Completion Date: 01/05/2022 Licensee's Proposed Date for POC Implementation

 4/5/22
Not Implemented

57c - 2 Hours/Day**1. Requirements**

2600.

57.c. 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

The home is required to provide a minimum of 1 hour personal care services for each mobile resident and 2 hours of personal care services for each resident with mobility needs.

On 10/31/21, there were 50 residents in the home, including 22 residents with mobility needs, requiring a total minimum of 72 direct care hours. On this day, only 64.85 hours of direct care staffing were provided.

On 11/5/21, there were 50 residents in the home, including 24 residents with mobility needs, requiring a total minimum of 74 direct care hours. On this day, only 66.83 hours of direct care staffing were provided.

On 12/3/21, there were 51 residents in the home, including 25 residents with mobility needs, requiring a total minimum of 76 direct care hours. On this day, only 74 hours of direct care staffing were provided.

On 12/4/21, there were 51 residents in the home, including 25 residents with mobility needs, requiring a total minimum of 76 direct care hours. On this day, only 74 hours of direct care staffing were provided.

57c - 2 Hours/Day (continued)

On 12/5/21, there were 51 residents in the home, including 25 residents with mobility needs, requiring a total minimum of 76 direct care hours. On this day, only 74.5 hours of direct care staffing were provided.

On 12/6/21, there were 51 residents in the home, including 25 residents with mobility needs, requiring a total minimum of 76 direct care hours. On this day, only 74 hours of direct care staffing were provided.

REPEAT VIOLATION: 8/13/2020

Plan of Correction**Accept**

Regulation 2600.57.c


57.c. 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.

12/30/2021 Immediate Action: The PCHA will calculate daily staffing requirements as per regulation 2600.57.c. The daily calculation shall ensure minimum direct care staffing is provided in accordance with 2600.57.c. If the home is unable to provide minimum direct care staffing, a designated staff person shall contract with a staffing agency to obtain additional direct care staffing to ensure minimum staffing requirements are maintained. Documentation of the daily calculations shall be kept.

12/14/2021 Action: A Universal Worker was hired whose primary duty is to maintain proper staffing levels. The Universal Worker builds the schedule, coordinates with agencies and works on all shifts to maintain compliance with Regulation 2600.57.d

12/30/2021 Action Plan: The PCHA will work with the Universal Worker help with compliance with regulation 2600.57.c. Job posting continue to be posted on multiple Job sites to help with staffing needs. The home has hired 4 new direct care workers since 12/13/2021. The PCHA will continue to monitor staffing needs and sign off on the staffing sheets for a period of 6 months ending on 6/30/22. Documentation will be kept.

Attachments: Daily Census Calculator

 4/5/22

Completion Date: 01/05/2022 Licensee's Proposed Date for POC Implementation

Not Implemented**57d - Waking Hours****1. Requirements**

2600.

57.d. At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.

57d - Waking Hours (continued)**Description of Violation**

The home is required to provide a minimum of 1 hour of personal care services for each mobile resident and 2 hours of personal care services for each resident with mobility needs.

On 10/31/21, there were 50 residents in the home, including 22 residents with mobility needs, requiring a total minimum of 54 hours of direct care staffing during waking hours. On this day, only 48.85 hours of direct care staffing were provided during waking hours.

On 11/5/21, there were 50 residents in the home, including 24 residents with mobility needs, requiring a total minimum of 55.5 hours of direct care staffing during waking hours. On this day, only 43.51 hours of direct care staffing were provided during waking hours.

On 12/3/21, there were 51 residents in the home, including 25 residents with mobility needs, requiring a total minimum of 57 hours of direct care staffing during waking hours. On this day, only 51.5 hours of direct care staffing were provided during waking hours.

On 12/4/21, there were 51 residents in the home, including 25 residents with mobility needs, requiring a total minimum of 57 hours of direct care staffing during waking hours. On this day, only 44 hours of direct care staffing were provided during waking hours.

REPEAT VIOLATION: 8/13/2020

Plan of Correction**Accept**

Regulation 2600.57.d

57.d. At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.

12/30/2021 Immediate Action: The PCHA will calculate daily staffing requirements as per regulation 2600.57.d to ensure at least 75% of personal care service hours specified in subsection (b) and (c) shall be during waking hours. The PCHA will utilize the formula for Staffing as per regulation 2600.57.d If the home is unable to provide minimum direct care staffing, a designated staff person shall contract with a staffing agency to obtain additional direct care staffing to ensure minimum staffing requirements are maintained. Documentation of the daily calculations shall be kept.

12/14/2021 Action: A Universal Worker was hired whose primary duty is to maintain proper staffing levels. The Universal Worker builds the schedule, coordinates with agencies and works on all shifts to maintain compliance


57d - Waking Hours (continued)

with Regulation 2600.57.d

12/30/2021 Action Plan: The PCHA will work with the Universal Worker help with compliance with regulation 2600.57.d. Job posting continue to be posted on multiple Job sites to help with staffing needs. The home has hired 4 new direct care workers since 12/13/2021. The PCHA will continue to monitor staffing needs and sign off on the staffing sheets for a period of 6 months ending on 6/30/22. Documentation will be kept.

Attachments: Daily Census Calculator

Completion Date: 01/05/2022 Licensee's Proposed Date for POC Implementation

 4/5/22

Not Implemented

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

Resident #4 is prescribed Humalog Kwik Pen-100 unit/ml-Inject subcutaneously 3 times daily per sliding scale: 70 - 140 = 0 units; 141-180 = 1 unit; 181- 220 = 2 units; 221 - 260 = 3 units; 261 - 300 = 4 units; 301- 340= 5 units; 341 + = 6 units and call MD. However, the pharmacy Label for resident #4's Humalog Kwik Pen indicates to inject subcutaneously 3 times daily per sliding scale: 151-189 = 1 unit; 181-200= 2 units; 201-250 = 3 units; 251-300 = 4 units; 301-350 = 6 units; 351-400 = 8 units; >400 call MD.

REPEAT VIOLATION: 10/29/2019, et. al.

Plan of Correction

Accept

Regulation 2600.184a

IMMEDIATE ACTION: Direction Change sticker placed on Label of Resident #4 Humalog for compliance with regulation 2600.184. Verbal staff education to review medication labels with MAR and place direction change stickers on labels if order has changed.


ACTION: Med Techs will receive additional education on: The 6 Rights, Guidelines to Preparing Medications, Understanding the Directions on Prescription Drug Labels and Prescription Doublecheck education will be completed by 3/11/2022. The Wellness Director will provide education on Medication Labels and Regulation 2600.184 with the Med Techs by 3/11/2022. An audit of all medication labels will be completed 3/11/2022. Documentation shall be kept.

ACTION PLAN: Direction change stickers will be left in carts for staff to place on medication that have changed orders. Wellness Director/designee will develop an audit tool to ensure compliance with regulation. The PCHA/designee will complete monthly cart audits beginning in March 2022 and will continue for 2 months to ensure compliance with regulation 2600.184. Documentation shall be kept.

ATTACHMENTS: Audit Tool

184a - Labeling OTC/CAM (continued)

Completion Date: 03/31/2022 Licensee's Proposed Date for POC Implementation

 4/5/22

Document Submission

Implemented

please see attached