Department of Human Services
Bureau of Human Service Licensing

February 14, 2022

[redacted], REGIONAL DIRECTOR
[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 12/28/2021, 12/29/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[redacted]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *BIRCHES AT ARBOUR SQUARE* **License #:** *14266* **License Expiration:** *03/27/2022*

Address: *691 MAIN STREET, HARLEYSVILLE, PA 19438*

County: *MONTGOMERY* **Region:** *SOUTHEAST*

Administrator

Name: [redacted] **Phone:** [redacted] **Email:** [redacted]

Legal Entity

[redacted]

Certificate(s) of Occupancy

Type: *R-3* **Date:** *04/08/2008* **Issued By:** *L and I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff:** *81* **Waking Staff:** *61*

Inspection Information

Type: *Full* **Notice:** *Unannounced* **BHA Docket #:**

Reason: *Renewal* **Exit Conference Date:** *12/29/2021*

Inspection Dates and Department Representative

12/28/2021 - On-Site: [redacted]

12/29/2021 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *85* **Residents Served:** *52*

Secured Dementia Care Unit

In Home: *Yes* **Area:** *Daybreak* **Capacity:** *25* **Residents Served:** *21*

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *49*

Diagnosed with Mental Illness: *1*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *29*

Have Physical Disability: *0*

Inspections / Reviews

12/28/2021 - Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *02/03/2022*

02/08/2022 - POC Submission

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *02/11/2022*

02/14/2022 - Document Submission

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

25b - Contract Signatures

1. Requirements

2600.
25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated , for resident 1 was not signed by the resident.

Plan of Correction ***Accept***

12-28-21

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

What: "The resident-home contract, dated, for resident 1 was not signed by the resident."

Who: On the date of admission, the contract was reviewed and signed with the resident's responsible party and power of attorney with the homes Marketing Director. Although the homes Administrator drafted the contract, the Marketing Director who is the designee reviewed the contract with the family upon admission. The resident was not present at the time of contract signing and the homes Marketing Director failed to get the resident to sign upon his arrival due to human error.

When: Upon inspection and learning of this omission, the homes Marketing Director met with the resident on 12/29/21 to review the contract with the resident, who refused at that time to sign. The homes Marketing Director provided the resident with a copy of the contract and attempted to meet with the resident again on 1/12/22 per his request, but the resident again refused to sign. This occurred again on 1/26/22, where the resident refused to sign. The homes Administrator sat with the resident on 1/28/22 and reviewed each page of the contract and the resident relayed understanding of each section, however, resident 1 continued to refuse to sign, and this was documented on each of the pages of the contract that require a signature on them.

How: Verbal review of the proper procedures in regards resident rights and the processes related to contract review was done with the homes Marketing Director the day of inspection. At present time said Director is the only designee trained to review contracts with new admissions in the absence of the homes Administrator. The contract was reviewed with the resident thoroughly by the homes Executive Director and a copy of the signature pages from that are attached (Attachment A). The oral training provided to the homes Marketing Director is directly from the Regulatory Compliance Guide. After inspection a complete audit of all the homes resident contracts was performed by the homes Marketing Director to ensure full community compliance.

Ongoing: The homes Executive Director will review any contracts that are completed when they are not present for signing. Any concerns will be reviewed immediately, and any patterns or trends will be reviewed at the Quarterly Quality Assurance Meeting. As any future members of the community management team are trained or added to the Designee role they will receive the same oral training from the homes Administrator from the Regulatory Compliance Guide to ensure ongoing compliance at all times.

Document Submission ***Implemented***

Update 2/10/22-previously completed as of 1/28/22. Executive Director has continued to obtain all signatures from

25b - Contract Signatures (continued)

all new residents upon admission and review any contracts completed by the homes Marketing Director for completion.

41e - Signed Statement

1. Requirements

2600.

41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

What: "Resident 1's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures."
Who: On the date of admission, the contract was reviewed with and signed by the resident's responsible party and power of attorney with the homes Marketing Director. Although the homes Administrator drafted the contract, the Marketing Director who is the designee reviewed the contract with the family upon admission. The resident was not present at the time of contract signing and the homes Marketing Director failed to get the resident to sign upon his arrival due to human error.

When: Upon inspection and learning of this omission, the homes Marketing Director met with the resident on 12/29/21 to review the contract with the resident, who refused at that time to sign. The homes Marketing Director provided the resident with a copy of the contract, which included copies of the resident rights and complaint procedures, and attempted to meet with the resident again on 1/12/22 per his request, but the resident again refused to sign. This occurred again on 1/26/22, with the resident again refusing to sign. The homes Administrator sat with the resident on 1/28/22 and reviewed each page of the contract and the resident relayed understanding of each section, however, resident 1 continued to refuse to sign, and this was documented on each of the pages of the contract that require a signature on them.

How: Verbal review of the proper procedures in regards resident rights and the processes related to contract review was done with the homes Marketing Director the day of inspection. At present time said Director is the only designee trained to review contracts with new admissions in the absence of the homes Administrator. The contract was reviewed with the resident thoroughly by the homes Executive Director and a copy of the signature pages from that are attached (Attachment A). The oral training provided to the homes Marketing Director is directly from the Regulatory Compliance Guide. After inspection a complete audit of all the homes resident contracts was performed by the homes Marketing Director to ensure full community compliance. Resident 1 was also verbally educated by the homes Administrator on areas in the community where the resident rights and complaint procedures are posted.

41e - Signed Statement (continued)

Ongoing: The homes Executive Director will review any contracts that are completed when they are not present for signing. Any concerns will be reviewed immediately, and any patterns or trends will be reviewed at the Quarterly Quality Assurance Meeting. As any future members of the community management team are trained or added to the Designee role they will receive the same oral training from the homes Administrator from the Regulatory Compliance Guide to ensure ongoing compliance at all times. All residents and responsible parties will continue to be given copies of their contracts upon signing to ensure they have hard copies of both the resident rights and complaint procedure policies.

Document Submission ***Implemented***

Update 2/10/22-previously completed as of 1/28/22. Executive Director has continued to obtain all signatures from all new residents upon admission and review any contracts completed by the homes Marketing Director for completion.

65a - FS Orientation 1st Day

1. Requirements

2600.
65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:
1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff person A, whose first day of work was [redacted], did not receive orientation on the following topics on her date of hire: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services.
The staff person's training form was not dated correctly to show if training was completed timely.

Plan of Correction ***Accept***

12-28-21

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.
1. Evacuation procedures

65a - FS Orientation 1st Day (continued)

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

What: "Staff person A, whose first day of work was [redacted], did not receive orientation on the following topics on her date of hire: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services. The staff person's training form was not dated correctly to show if training was completed timely."

Who: Staff person A did complete the required initial orientation and this was relayed by the homes Executive Director at time of inspection, however, the date was not documented on staff member A's employee file as required.

When: On day of inspection and learning that the copy of the training document for direct care staff person A were noted dated, the community noted this on the original file in the employees file with notation of this inspection. A review and internal audit in January 2022 of all employee files was conducted by the homes Business Office Manager using the attached new hire orientation checklist (Attachment B) to ensure full compliance.

How: All new employees will continue to get training upon hire per the community's general orientation procedure. 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 and ensure that it is dated.

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 and ensure that they are dated, 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.

Document Submission ***Implemented***

Update 2/10/22-previously completed as of 1/31/22. Business Office Director has continued to obtain all required documents upon first day of orientation and review for completion, including proper dating.

65b - Rights/Abuse 40 Hours

1. Requirements

2600.
65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:
1. Resident rights.
2. Emergency medical plan.

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

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

Description of Violation

Staff person A completed his/her 40th scheduled work hour on 9/23/21. However, this staff person did not complete training timely in the following topics: resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), reporting of reportable incidents and conditions.
The staff person's training form was not dated correctly to show if training was completed timely.

Plan of Correction ***Accept***

12-28-21

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

What: "Staff person A, completed his/her 40th scheduled work hour on 9/23/21. However, this staff person did not complete training timely in the following topics: resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 PS 10225.101-10225.5102), reporting of reportable incidents and conditions. The staff person's training form was noted correctly to show if training was completed timely."

Who: Staff person A did complete the required initial orientation and this was confirmed by the homes Executive Director at the time of inspection, however, the date was not documented on staff member A's employee file as required.

When: On day of inspection and learning that the copy of the training document for direct care staff person A were noted dated, the community noted this on the original file in the employees file with notation of this inspection. A review and internal audit in January 2022 of all employee files was conducted by the homes Business Office Manager using the attached new hire orientation checklist (Attachment B) to ensure full compliance.

How: All new employees will continue to get training upon hire per the community's general orientation procedure. 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 and ensure that it is dated.

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 and ensure that they are dated, 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.

65b - Rights/Abuse 40 Hours (continued)

Document Submission ***Implemented***

Update 2/10/22-previously completed as of 1/31/22. Business Office Director has continued to obtain all required documents upon first day of orientation and review for completion, including proper dating.

121a - Unobstructed Egress

1. Requirements

2600.
121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 12/28/21, the Garden Walk Ground Patio has a gated fence that has a push button lock on it with no code to exit. The home has a fire exit stairwell that exits out to this patio area and residents are not able to exit the property because the egress is blocked.

Plan of Correction ***Accept***

12-28-21

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

What: "On 12/28/21, the Garden Walk Ground Patio has a gated fence that has a push button lock on it with no code to exit. The home has a fire exit stairwell that exits out to this patio area and residents are not able to exit the property because the egress is blocked."

Who: The homes Maintenance Director installed the push button lock in the Garden Level Patio area which is currently not being utilized by any residents and awaiting inspection for use as a secured memory care neighborhood. On the date of inspection, the home was waiting on the all-weather frame that was ordered offline to be put in place in the area in question, leading to this violation.

When: On day of inspection and learning that the Garden Level Patio area did not have a code posted to exit, a temporary one was posted next to the door until the permanent one arrived. On 1/12/22, upon receiving the all-weather frame that had been ordered online, the temporary code was removed and the permanent coded frame was put into place as seen in the attached (Attachment C) to ensure full compliance.

How: The Maintenance Director installed the all-weather frame on 1/12/22 and will continue to monitor on an ongoing basis to ensure that it remains in place.

Ongoing: The homes Maintenance Director and/or Designee will ensure that the home monitors this and all locked doors in the community on an regular ongoing basis to ensure compliance. If and when there is an issue noted, it will be immediately addressed, and this will be continually reviewed at the communities Quarterly Quality Assurance Meeting.

121a - Unobstructed Egress *(continued)*

Document Submission ***Implemented***

Update 2/10/22-previously completed as of 1/12/22. The homes Maintenance Director applied the all weather frame upon receipt of it and will continue to monitor codes on this and all locked doors on an ongoing routine basis.

187b - Date/Time of Medication Admin.

1. Requirements

2600.
187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

On 12/15/21, at 8:00 am, resident 2 was not administered [redacted]. Staff person B did not administer the medication to resident 2. The medication was signed off on the Medication Administration Record but remained in the blister pack and was not signed off on the narcotic count sheet.

Plan of Correction ***Accept***

12-28-21

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

What: "On 12/15/21, at 8:00 am, resident 2 was not administered [redacted]. Staff person B did not administer the medication to resident 2. The medication was signed off on the Medication Administration Record but remained in the blister pack and was not signed off on the narcotic count sheet."

Who: The homes Memory Care Director was administering medications later that evening to resident 2 when this medication error was noted. Upon discovery that staff person B did not administer the medication as ordered, it was immediately reported to the homes Resident Care Director and a reportable incident was submitted that same evening. Staff person B was removed from medication administration at the community that evening until further notice.

When: On learning of the incident, it was reported to the department, to the resident's responsible party and to the residents prescribing physician. The resident was monitored and did not sustain any adverse reactions from missing a dose of this medication. The home provided training to all staff that are certified or licensed to administer medication in the home on 1/25/22 via the homes lead med trainer using training information found directly from the Regulatory Compliance Guide as attached (Attachment D).

How: The Resident Care Director removed staff person B from administering medications in the home. Staff person B did receive the training that was conducted on 1/25/22 and prior to being put back on the homes medication administration program will get in person observations by the homes Resident Care Director.
Ongoing: The homes Memory Care Director and Resident Care Director will randomly audit med carts to ensure staff administration compliance. All medication certified and licensed staff have been instructed to report any issues when and if noted. If and when there is an issue noted, it will be immediately addressed and reported, and this will be continually reviewed at the communities Quarterly Quality Assurance Meeting.

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

Document Submission ***Implemented***

Update 2/10/22-previously completed as of 1/25/22. Resident Care Director and Memory Care Director has continued to randomly audit med cart for ongoing compliance. Staff member B continues to remain off of medication administration in the home at present time.

187d - Follow Prescriber's Orders

1. Requirements

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

Description of Violation

Resident 2 is prescribed [redacted] *However, resident 2 was not administered* [redacted] *on 12/15/21 at 8:00 am.*

Resident 3 is prescribed [redacted]*. However, resident 3 was not administered* [redacted] *on 12/10/21 at 7:00 am.*

Plan of Correction ***Accept***

12-28-21

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

What: "Resident 2 is prescribed [redacted]*. However, resident 2 was not administered* [redacted] *on 12/15/21 at 8:00 am. Resident 3 is prescribed* [redacted]*. However, resident 3 was not administered* [redacted] *on 12/10/21 at 7:00 am."*

Who: The homes Memory Care Director was administering medications on both occasions when both medication errors were noted. Upon discovery that staff person B did not administer the medication as ordered to resident 2, it was immediately reported to the homes Resident Care Director and a reportable incident was submitted that same evening. Staff person B was removed from medication administration at the community that evening until further notice, due to the homes policy on repeat medication errors. Upon discovery that staff person A did not administer the medication as ordered to resident 3, it was immediately reported to the homes Resident Care Director and a reportable incident was submitted that same evening.

When: On learning of both incidents, they were reported to the department, to the resident's responsible parties and to the residents prescribing physicians. The residents were monitored and did not sustain any adverse reactions from missing a dose of their medications. The home provided training to all staff that are certified or licensed to administer medication in the home on 1/25/22 via the homes lead med trainer using training information found directly from the Regulatory Compliance Guide as attached (Attachment D) with accompanying sign in sheet.

How: The Resident Care Director removed staff person B from administering medications in the home. Both staff persons A and B did receive the training that was conducted on 1/25/22 and prior to staff person B being put back on the homes medication administration program, he will get in person observations by the homes Resident Care Director.

187d - Follow Prescriber's Orders (continued)

Ongoing: The homes Memory Care Director and Resident Care Director will randomly audit med carts to ensure staff administration compliance. All medication certified and licensed staff have been instructed to report any issues when and if noted. If and when there is an issue noted, it will be immediately addressed and reported, and this will be continually reviewed at the communities Quarterly Quality Assurance Meeting.

Document Submission ***Implemented***

Update 2/10/22-previously completed as of 1/25/22. Resident Care Director and Memory Care Director has continued to randomly audit med cart for ongoing compliance. Staff member B continues to remain off of medication administration in the home at present time.

191 - Resident Right to Refuse

1. Requirements

2600.
191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident 1, admitted [redacted], has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error. The home could not provide signed documentation.

Plan of Correction ***Accept***

12-28-21

191. Resident Education- The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

What: "Resident 1, admitted [redacted], has not been educated to the right to question or refuse medication if the resident believes that there may be a medication error. The home could not provide signed documentation."

Who: On the date of admission, the contract was reviewed with and signed by the resident's responsible party and power of attorney with the homes Marketing Director. Although the homes Administrator drafted the contract, the Marketing Director who is the designee reviewed the contract with the family upon admission. The resident was not present at the time of contract signing and the homes Marketing Director failed to get the resident to sign upon his arrival due to human error.

When: Upon inspection and learning of this omission, the homes Marketing Director met with the resident on 12/29/21 to review the contract with the resident, who refused at that time to sign. The homes Marketing Director provided the resident with a copy of the contract, which included copies of the resident rights and the right to refuse medications, and attempted to meet with the resident again on 1/12/22 per his request, but the resident again refused to sign. This occurred again on 1/26/22, with the resident again refusing to sign. The homes Administrator sat with the resident on 1/28/22 and reviewed each page of the contract and the resident relayed understanding of each section, however, resident 1 continued to refuse to sign, and this was documented on each of the pages of the contract that require a signature on them.

How: Verbal review of the proper procedures in regards resident rights and the processes related to contract review was done with the homes Marketing Director the day of inspection. At present time said Director is the only

191 - Resident Right to Refuse (continued)

designee trained to review contracts with new admissions in the absence of the homes Administrator. The contract was reviewed with the resident thoroughly by the homes Executive Director and a copy of the signature pages from that are attached (Attachment A). The oral training provided to the homes Marketing Director is directly from the Regulatory Compliance Guide. After inspection a complete audit of all the homes resident contracts was performed by the homes Marketing Director to ensure full community compliance. Resident 1 was also verbally educated by the homes Administrator on all aspects of the medication administration procedures and his right to refuse a medication if he believes that there may be a medication error.

Ongoing: The homes Executive Director will review any contracts that are completed when not present for signing. Any concerns will be reviewed immediately, and any patterns or trends will be reviewed at the Quarterly Quality Assurance Meeting. As any future members of the community management team are trained or added to the Designee role they will receive the same oral training from the homes Administrator from the Regulatory Compliance Guide to ensure ongoing compliance at all times. All residents and responsible parties will continue to be given copies of their contracts upon signing to ensure they have hard copies of the resident rights and medication policies.

Document Submission ***Implemented***

Update 2/10/22-previously completed as of 1/28/22. Executive Director has continued to obtain all signatures from all new residents upon admission and review any contracts completed by the homes Marketing Director for completion.

227g -Support Plan Signatures

1. Requirements

2600.
227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident 4 participated in the development of his/her support plan on 11/23/21. However, the resident did not sign the support plan.

Plan of Correction ***Accept***

12-28-21

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

What: "Resident 4 participated in the development of his/her support plan on 11/23/21. However, the resident did not sign the support plan.

Who: On the date of admission the resident, who was admitted to the homes SDU, refused to sign the support plan. On the date of admission, the resident's son/responsible party was not present at the time of move in due to close family contact with COVID, so a copy was left for him to sign at the front desk on his next visit and was reviewed over the phone with [redacted] on 12/2/21 by the homes Memory Care Director and this was indicated on the support plan.

227g -Support Plan Signatures (continued)

When: Upon inspection and learning of this omission, the homes Memory Care Director called the residents son to remind him that the support plan was at the front desk. [redacted] arrived later that day and signed the support plan that was previously reviewed over the phone. Both he and the homes Memory Care Director met with the resident, but [redacted] continued to refuse to sign and this was indicated as such on the support plan with the appropriate date.

How: Upon move in the homes Memory Care Director, Resident Care Director, and/or Designee will fully review support plans with all residents that move into the homes SDU. At that time a signature will be obtained and if the resident refuses to sign it should be documented on the residents support plan.

Ongoing: The homes Memory Care Director, Resident Care Director and/or Designee will continue to monitor for compliance upon each new move in. Any concerns will be reviewed immediately, and any patterns or trends will be reviewed at the Quarterly Quality Assurance Meeting. All residents and responsible parties will continue to review their contracts upon admission and be given copies of their support plans upon signing if they would like.

Document Submission ***Implemented***

Update 2/10/22-previously completed as of 12/28/21. Memory Care Director has continued to audit all new move in paperwork after completion for ongoing compliance. All RASP's continue to be reviewed with resident and responsible party at time of admission.