

Department of Human Services  
Bureau of Human Service Licensing

July 12, 2022

[REDACTED], OWNER  
[REDACTED]  
[REDACTED]

RE: INSINGERS PERSONAL CARE  
HOMES WEST  
124 EMERY STREET  
WILLIAMSPORT, PA, 17701  
LICENSE/COC#: 22745

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/08/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

**Facility Information**

Name: *INSINGERS PERSONAL CARE HOMES WEST* License #: *22745* License Expiration: *03/01/2023*  
Address: *124 EMERY STREET, WILLIAMSPORT, PA 17701*  
County: *LYCOMING* Region: *NORTHEAST*

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

Name: *INSINGERS PERSONAL CARE HOMES WEST INC*  
Address: *2075 MEADOW LANE, MONTOURSVILLE, PA, 17754*  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *I-2* Date: *01/18/2019* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *24* Waking Staff: *18*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *02/08/2022*

**Inspection Dates and Department Representative**

02/08/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *29* Residents Served: *24*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *0*

**Number of Residents Who:**

Receive Supplemental Security Income: *22* Are 60 Years of Age or Older: *13*  
Diagnosed with Mental Illness: *18* Diagnosed with Intellectual Disability: *2*  
Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

**02/08/2022 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/08/2022*

Inspections / Reviews (*continued*)

05/08/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *05/16/2022*

07/12/2022 - Document Submission

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

## 18 - Compliance With Laws

### 1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

#### Description of Violation

*The batteries in the Carbon Monoxide monitor located in the home's living area which monitors the gas fired boiler were last changed on 6/18/2019.*

#### Plan of Correction

**Accept**

*The administrator has marked all Carbon Monoxide monitors on the floor plan so that a monitor will not be missed when it is time to change the batteries. Knowing where each monitor is will help ensure the safety and compliance of regulations.*

**Completion Date:** 02/09/2022

**Update:** 05/08/2022

*Please include in plan of correction:*

*Who is responsible for fixing the problem?*

*Monitoring compliance?*

*What action that person will take, and when that action will happen - (include a date).*

*5-8-2022 MM*

#### Document Submission

**Implemented**

*Please include in plan of correction:*

*Who is responsible for fixing the problem? The administrator is responsible for fixing the problem and monitoring compliance.*

*Monitoring compliance?*

*What action that person will take, and when that action will happen - (include a date). The carbon monoxide batteries were replaced by the administrator and will be done again on 02/10/2023*

*5-8-2022 MM*

## 51 - Criminal Background Check

### 1. Requirements

2600.

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

#### Description of Violation

*The home did not obtain a criminal background check for Staff person A who was hired [REDACTED]*

#### Plan of Correction

**Accept**

*The administrator will be responsible for all criminal background checks. All checks will be done on the date of hire. Staff will not work until the check is completed. Criminal Background Checks ensure that the administrator can make a clear decision on who she is hiring and if they are suitable for the position.*

**Completion Date:** 04/15/2022

**51 - Criminal Background Check (continued)**

**Update:** 05/08/2022

*Please include in plan of correction:*

*Who is responsible for fixing the problem?*

*Monitoring compliance?*

*What action that person will take, and when that action will happen - (include a date).*

5-8-2022 MM

**Document Submission****Implemented**

*Please include in plan of correction: The administrator is responsible for fixing the problem and monitoring compliance.*

*Who is responsible for fixing the problem?*

*Monitoring compliance?*

*What action that person will take, and when that action will happen - (include a date).*

5-8-2022 ■■■ The administrator has checked all criminal background checks to make sure they are completed.

*The administrator will conduct a criminal background check on the date they are hired.*

**54a - Direct Care Staff****1. Requirements**

2600.

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

1. Be 18 years of age or older, except as permitted in subsection (b).
2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

**Description of Violation**

*The home did not have proof of a high school diploma, GED or active registry status as a nurse aide for staff person's A and B.*

**Plan of Correction****Accept**

*The administrator will get a high school diploma or GED upon hiring the employee.*

*Staff person's A and B are no longer employees of the personal care home.*

*Staff persons with a high school diploma or GED ensures that they have the education and ability to perform job duties in the home.*

**Completion Date:** 02/18/2022

**Update:** 05/08/2022

*Please include in plan of correction:*

*Who is responsible for fixing the problem?*

*Monitoring compliance?*

*What action that person will take, and when that action will happen - (include a date).*

5-8-2022 MM

**Document Submission****Implemented**

*Please include in plan of correction:*

*Who is responsible for fixing the problem? The administrator will be responsible for fixing the problem and*

**54a - Direct Care Staff (continued)**

*monitoring compliance.*

*Monitoring compliance?*

*What action that person will take, and when that action will happen - (include a date).*

*5-8-2022 MM The administrator will secure a high school diploma or GED diploma from a new hire on the date they are hired.*

**57b - 1 Hour/Day****1. Requirements**

2600.

57.b. Direct care staff persons shall be available to provide at least 1 hour per day of personal care services to each mobile resident.

**Description of Violation**

*The home's census is 24 residents requiring 24 hours of direct care to be provided daily. On 2/5/22 and 2/6/22 the total number of direct care hours provided was 21.*

**Plan of Correction****Accept**

*The administrator revamped the schedule so that 1 hour of direct care is available for each mobile resident. 1 hour of direct care will ensure that sufficient staff is available to meet residents' basic personal care needs.*

**Completion Date:** 02/11/2022

**Update:** 05/08/2022

*Please include in plan of correction:*

*Who is responsible for fixing the problem?*

*Monitoring compliance?*

*What action that person will take, and when that action will happen - (include a date).*

*5-8-2022 MM*

**Document Submission****Implemented**

*Please include in plan of correction: The administrator is responsible for fixing the problem and monitoring compliance.*

*Who is responsible for fixing the problem?*

*Monitoring compliance?*

*What action that person will take, and when that action will happen - (include a date). The administrator has changed the schedule to include 1 hour of personal care daily for each resident.*

*5-8-2022 MM*

**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.

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

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

**Description of Violation**

*The home did not have documentation that staff person A and B received training in the topics required by this regulation on the first date of work.*

**Plan of Correction****Accept**

*Staff persons A and B have had their training regarding fire safety and procedures during their 40-hour training. The administrator will make sure that all paperwork is completed upon hire. Training will ensure that all staff persons are immediately trained to respond to an emergency situation.*

**Completion Date:** 02/16/2022

**Update:** 05/08/2022

*Please include in plan of correction:*

*Who is responsible for fixing the problem?*

*Monitoring compliance?*

*What action that person will take, and when that action will happen - (include a date).*

*5-8-2022 MM*

**Document Submission****Implemented**

*Please include in plan of correction: The administrator is responsible for fixing the problem and monitoring compliance.*

*Who is responsible for fixing the problem?*

*Monitoring compliance?*

*What action that person will take, and when that action will happen - (include a date). The administrator has updated all training for staff members and will complete all trainings within the first 40 hours of training.*

*5-8-2022 MM*

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

2600.

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

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

**Description of Violation**

*The home did not have documentation that staff persons A received training in the topics required by this regulation within 40 hours of the first day of work.*

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

**Plan of Correction****Accept**

*The administrator will make sure that all training to both direct care and ancillary staff are trained in accordance with this regulation and within the first 40 hours of training.*

*Completing the 40 hours of training will ensure that all staff persons are familiar with residents' rights, mandated reporting, and procedures for responding to a medical emergency.*

**Completion Date:** 02/11/2022

**Update:** 05/08/2022

*Please include in plan of correction:*

*Who is responsible for fixing the problem?*

*Monitoring compliance?*

*What action that person will take, and when that action will happen - (include a date).*

*5-8-2022 MM*

**Document Submission****Implemented**

*Please include in plan of correction: The administrator will be responsible for fixing the problem and monitoring compliance.*

*Who is responsible for fixing the problem?*

*Monitoring compliance?*

*What action that person will take, and when that action will happen - (include a date). The administrator has updated all training for staff and will make sure staff is trained with in the first 40 hours of training.*

*5-8-2022 MM*

## 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:

2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

**Description of Violation**

*The home did not have documentation that staff person A completed the department approved direct care training course and competency test.*

**Plan of Correction****Accept**

*The administrator will make sure that the direct care training course and competency test is done at the home in front of the administrator upon hire. This will ensure that each individual who provides assistance with ADLs is trained to do so properly.*

**Completion Date:** 02/16/2022

**Update:** 05/08/2022

*Please include in plan of correction:*

*Who is responsible for fixing the problem?*

*Monitoring compliance?*

*What action that person will take, and when that action will happen - (include a date).*

65d - Initial Direct Care Training (continued)

5-8-2022 MM

Document Submission

Implemented

Please include in plan of correction:

Who is responsible for fixing the problem? The administrator is responsible for fixing the problem and monitoring compliance.

Monitoring compliance?

What action that person will take, and when that action will happen - (include a date). The administrator has reviewed all staff files to make sure direct care staff training and competency test are completed. Direct care staff training and competency test will be completed within the first 40 hours of training.

5-8-2022 [redacted]

85b - Infestation

1. Requirements

2600.

85.b. There may be no evidence of infestation of insects or rodents in the home.

Description of Violation

Mouse droppings were found on several shelves in a pantry cabinet in the home's kitchen. The pantry contained jars of peanut butter and a box of cereal.

Plan of Correction

Accept

The administrator is responsible to make sure infestation is not present in the home. Our exterminator will do the home monthly to ensure rodents and insects are not present in the home. during [redacted] weekly check of the home, [redacted] will go through all cupboards and drawers.

Completion Date: 02/10/2022

Update: 05/08/2022

Please include in plan of correction:

Who is responsible for fixing the problem?

Monitoring compliance?

What action that person will take, and when that action will happen - (include a date).

5-8-2022 [redacted]

Document Submission

Implemented

Please include in plan of correction:

Who is responsible for fixing the problem? The administrator is responsible for fixing the problem and monitoring compliance.

Monitoring compliance?

What action that person will take, and when that action will happen - (include a date). The mouse droppings have been cleaned and the cook will check all cabinets daily. The exterminator will also check every 2 weeks when [redacted] comes in the spray.

5-8-2022 MM

## 85d - Trash Receptacles

## 1. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

## Description of Violation

*The trash can located in the kitchen did not have a lid that covered the top of the garbage.*

## Plan of Correction

**Accept**

*The administrator will check all garbage receptacles when she does her weekly walk through of the home to make sure it is in compliance. All new garbage cans have been purchased with attached lids to help ensure that lids are kept on garbage cans.*

*Covered trash receptacles prevent disease and ant and rodent infestation.*

**Completion Date:** 02/11/2022

**Update:** 05/08/2022

*Please include in plan of correction:*

*Who is responsible for fixing the problem?*

*Monitoring compliance?*

*What action that person will take, and when that action will happen - (include a date).*

*5-8-2022 MM*

## Document Submission

**Implemented**

*Please include in plan of correction:*

*Who is responsible for fixing the problem? The administrator is responsible for fixing the problem and monitoring compliance.*

*Monitoring compliance?*

*What action that person will take, and when that action will happen - (include a date).*

*5-8-2022 MM The administrator bought all new garbage cans with lids for the home and will check them during her weekly walk through.*

## 102i - Soap Dispenser

## 1. Requirements

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

## Description of Violation

*Bars of soap were found in both shower rooms on the 1st floor and on the 2nd floor. The bars of soap were found in the showers with no indication as to whom they belonged.*

## Plan of Correction

**Accept**

*The administrator has switched from bar soap to body wash throughout the home. Bar soap will no longer be used in the home. By getting rid of bar soap, it will eliminate the possibility of soap being left in the bathroom.*

*This will ensure that soap is not being shared and that personal hygiene is maintained.*

**Completion Date:** 02/11/2022

**102i - Soap Dispenser (continued)**

**Update:** 05/08/2022

Please include in plan of correction:

Who is responsible for fixing the problem?

Monitoring compliance?

What action that person will take, and when that action will happen - (include a date).

5-8-2022 ■■■

**Document Submission****Implemented**

Please include in plan of correction: The administrator is responsible for fixing the problem and monitoring the problem.

Who is responsible for fixing the problem?

Monitoring compliance?

What action that person will take, and when that action will happen - (include a date).

5-8-2022 ■■■ The administrator has switched to bodywash instead of bar soap. This will alleviate bar soap being left in the bathroom.

**102k - No Common Towel****1. Requirements**

2600.

102.k. Use of a common towel is prohibited.

**Description of Violation**

Wash clothes were observed drying in both the shower room on 1st floor and on the 2nd floor. The washcloths were not labeled to indicate to whom they belonged.

**Plan of Correction****Accept**

The home now uses hand blow dryers for the residents to use instead of a hand towel. Dryers are in every bathroom so hand towels will no longer be needed to dry hands. The administrator will check all bathrooms when she does her weekly walk through. By using hand dryers, it will prevent the spread of disease.

**Completion Date:** 04/11/2022

**Update:** 05/08/2022

Please include in plan of correction:

Who is responsible for fixing the problem?

Monitoring compliance?

What action that person will take, and when that action will happen - (include a date).

5-8-2022 MM

**Document Submission****Implemented**

Please include in plan of correction: The administrator is responsible for fixing the problem and monitoring compliance.

Who is responsible for fixing the problem?

Monitoring compliance?

What action that person will take, and when that action will happen - (include a date). The administrator has hand dryers in place in order to reduce the need for hand towels.

102k - No Common Towel (continued)

5-8-2022 MM

125a - Combustible Storage

1. Requirements

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

Approximately a dozen extinguished cigarette butts were found near the front entrance of the home in the mulchy area along the concrete.

Plan of Correction

Accept

The administrator made an announcement to residents about the importance of only smoking in the designated area. Violators will not be allowed to smoke on the property. Staff will check for cigarette butts at the start of every daylight shift. The administrator will be responsible in ensuring that this rule is followed.

By enforcing this policy, it will ensure that combustible and flammable materials are not by heat sources that can lead to fires.

Completion Date: 02/09/2022

Update: 05/08/2022

Please include in plan of correction:

Who is responsible for fixing the problem?

Monitoring compliance?

What action that person will take, and when that action will happen - (include a date).

5-8-2022 MM

Document Submission

Implemented

Please include in plan of correction: The administrator is responsible for fixing the problem and monitoring compliance.

Who is responsible for fixing the problem?

Monitoring compliance?

What action that person will take, and when that action will happen - (include a date).

5-8-2022 [redacted] The administrator had a talk with the person smoking in a non-designated area about smoking in the smoke area only. The administrator checks that area daily when she is coming into work in the morning.

127a - Portable Space Heaters

1. Requirements

2600.

127.a. Portable space heaters are prohibited.

Description of Violation

The home had a portable space heater plugged in and running in the back hallway adjacent to the dining area. The portable space heater was being used to heat the hall area and the resident rooms.

## 127a - Portable Space Heaters (continued)

**Plan of Correction****Accept**

*The administrator will make sure portable heaters are not used or being brought into the home. She will walk through the home weekly to make sure that the home is in compliance.*

*The absence of portable heaters will help ensure the safety of the residents and minimize the risk of fire due to improper devices in the home.*

*Corrected at time of inspection.*

**Completion Date:** 02/08/2022

**Update:** 05/08/2022

*Please include in plan of correction:*

*Who is responsible for fixing the problem?*

*Monitoring compliance?*

*What action that person will take, and when that action will happen - (include a date).*

*5-8-2022 MM*

**Document Submission****Implemented**

*Please include in plan of correction: The administrator is responsible for fixing the problem and monitoring compliance.*

*Who is responsible for fixing the problem?*

*Monitoring compliance?*

*What action that person will take, and when that action will happen - (include a date). Portable heater has been removed from the home and will not be brought into the home again. The administrator will check rooms during her weekly walk through.*

*5-8-2022* ████

## 132b - Safety Inspection/Fire Drill

**1. Requirements**

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

**Description of Violation**

*The home has not had a fire safety inspection and supervised fire drill since 10/16/2019. The home was required to have had an annual fire safety inspection completed by a fire safety expert by 12/31/2021.*

**Plan of Correction****Accept**

*The administrator will make sure that the fire inspection and training is done annually.*

*It was a few months late because the fire company was behind. I was put on their schedule as soon as they were able to get the appointment.*

*The administrator will make sure she starts early in getting the fire class, drill and inspection scheduled. Identifying and correcting unsafe conditions helps prevent fires from occurring.*

**Completion Date:** 02/14/2022

**Update:** 05/08/2022

*Please include in plan of correction:*

132b - Safety Inspection/Fire Drill (continued)

Who is responsible for fixing the problem?

Monitoring compliance?

What action that person will take, and when that action will happen - (include a date).

5-8-2022 [REDACTED]

Document Submission

Implemented

Please include in plan of correction:

Who is responsible for fixing the problem? The administrator is responsible for fixing the problem and monitoring compliance.

Monitoring compliance?

What action that person will take, and when that action will happen - (include a date).

5-8-2022 MM The administrator will schedule fire class early so training and inspection are always on time.

141a 1-10 Medical Evaluation Information

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. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

The Documentation of Medical Evaluation (DME) form for resident #1 dated [REDACTED] was missing the height, weight, pulse, and also page 2 of the form which lists the resident's medications and dietary needs (if any).

The DME for resident #2 dated [REDACTED] indicated the resident required secure dementia care. The resident does not actually require a secure dementia unit.

Plan of Correction

Accept

Resident #2 is now in a secured dementia unit and resident #1 has a completed DME.

The administrator will make sure DME's are fully completed before she puts them in the resident file. Accurate medical information helps homes decide whether the resident's needs can be met at the home, helps develop accurate assessments and support plans, and ensures that residents' medical needs will be met.

Completion Date: 02/11/2022

Update: 05/08/2022

Please include in plan of correction:

Who is responsible for fixing the problem?

**141a 1-10 Medical Evaluation Information (continued)**

Monitoring compliance?

What action that person will take, and when that action will happen - (include a date).

5-8-2022 MM

**Document Submission****Implemented**

Please include in plan of correction:

Who is responsible for fixing the problem? The administrator is responsible for fixing the problem and monitoring compliance.

Monitoring compliance?

What action that person will take, and when that action will happen - (include a date).

5-8-2022 MM The administrator will check all DME's for completion as they are sent to her for review.

**141b1 - Annual Medical Evaluation****1. Requirements**

2600.

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

**Description of Violation**

The most recent DME form completed for resident #2 was dated [REDACTED] The home did not have a current annual DME for resident #2 on file.

**Plan of Correction****Accept**

The administrator will check [REDACTED] DME list every month to make sure that all DME's are current and done annually.

Resident #2 has a completed DME for 2021. (See Attached)

A current DME is essential because it helps homes develop accurate assessments and support plans and ensures that residents' medical needs will be met.

**Completion Date:** 02/11/2022

**Update:** 05/08/2022

Please include in plan of correction:

Who is responsible for fixing the problem?

Monitoring compliance?

What action that person will take, and when that action will happen - (include a date).

5-8-2022 MM

**Document Submission****Implemented**

Please include in plan of correction:

Who is responsible for fixing the problem? The administrator is responsible for fixing the problem and monitoring compliance.

Monitoring compliance?

What action that person will take, and when that action will happen - (include a date).

5-8-2022 [REDACTED] The administrator has reviewed all DME'S to make sure they are fully completed and completed on time.

## 182b - Prescription Medication

### 1. Requirements

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

1. A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
2. A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
3. A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

### Description of Violation

Staff person B was initially trained as a medication technician on 1 [REDACTED]. Staff person B had no annual practicums completed after that date.

### Plan of Correction

**Accept**

Staff person B had been trained by the med technician on 2-9-22. The administrator will check the annual practicum monthly to see who needs to be trained. This will ensure that medications will be administered safely and in accordance with best practices by trained professionals.

**Completion Date:** 02/09/2022

**Update:** 05/08/2022

Please include in plan of correction:

Who is responsible for fixing the problem?

Monitoring compliance?

What action that person will take, and when that action will happen - (include a date).

5-8-2022 [REDACTED]

### Document Submission

**Implemented**

Please include in plan of correction:

Who is responsible for fixing the problem? The administrator is responsible for fixing the problem and monitoring compliance.

Monitoring compliance?

What action that person will take, and when that action will happen - (include a date). The administrator has reviewed all medication training and the annual practicum for each staff member. The medication trainer and the administrator will keep track of all med training and annual practicum so that they will not be missed or late.

5-8-2022 MM

## 183e - Storing Medications

### 1. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

183e - Storing Medications (*continued*)**Description of Violation**

*The Levemir flex touch insulin pen belonging to resident #3 was not dated when the pen was opened for use.*

**Plan of Correction****Accept**

*The administrator will check every Monday to make sure all insulin pens are dated when it is opened. Staff person AF will check on all 4 shifts that she works to also make sure all pens are dated.*

*Diabetic class was held 4-20-22 and reviewed by the instructor the importance of dating pens once they are opened. This will ensure that all medications are labeled properly and stored in accordance with the manufacturer's instructions.*

*It will also ensure that insulin is not being used past its expiration date.*

*Corrected at time of inspection.*

**Completion Date:** 02/08/2022

**Update:** 05/08/2022

*Please include in plan of correction:*

*Who is responsible for fixing the problem?*

*Monitoring compliance?*

*What action that person will take, and when that action will happen - (include a date).*

*5-8-2022 MM*

**Document Submission****Implemented**

*Please include in plan of correction:*

*Who is responsible for fixing the problem? The administrator is responsible for fixing the problem and monitoring compliance.*

*Monitoring compliance?*

*What action that person will take, and when that action will happen - (include a date).*

*5-8-2022 ■■■ The administrator will check the medication cart daily when she is ordering medications to make sure all insulin pens are dated.*

## 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:

13. Date and time of medication administration.

**Description of Violation**

*The Medication administration record (MAR) for resident #2 indicates the resident refused his 6am medications on 2/7/22. Through staff interview it was determined that the resident did not refuse the medications but rather was not awake to receive the medications at 6am and did take them at a later time that morning. The resident's MAR was not noted to correct the refusal.*

**Plan of Correction****Accept**

*The administrator will have all medication on the MAR. Prescription, OTC, CAM, Vitamins will be listed on the MAR. The MAR will indicate time, date and medication. The administrator will check the MAR every Monday when she is doing a walkthrough of the home. The home's staff persons will be able to track all medications a resident receives*

187a - Medication Record (continued)

and to ensure all medications are administered. A new medication class will be held for all staff by the medication trainer in May.

Completion Date: 02/23/2022

Update: 05/08/2022

Please include in plan of correction:

Who is responsible for fixing the problem?

Monitoring compliance?

What action that person will take, and when that action will happen - (include a date).

5-8-2022 [REDACTED]

Document Submission

Implemented

Please include in plan of correction:

Who is responsible for fixing the problem? The administrator is responsible for the problem and monitoring compliance.

Monitoring compliance?

What action that person will take, and when that action will happen - (include a date).

5-8-2022 MM The administrator will make sure all medications are given at the proper time and will check the MAR log daily to ensure all residents receive their medications.

221c - Post Activity Calendar

1. Requirements

2600.

221.c. A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

Description of Violation

The home did not have a weekly calendar of activities posted in the home.

Plan of Correction

Accept

The administrator will check during her weekly rounds to make sure the activities calendar is posted in a conspicuous place, so all residents are aware of the weekly activities. The activities calendar was found in a resident's room, so it was hung immediately.

Knowing what and when activities will be taking place allows residents to plan their week accordingly.

Completion Date: 02/09/2022

Update: 05/08/2022

Please include in plan of correction:

Who is responsible for fixing the problem?

Monitoring compliance?

What action that person will take, and when that action will happen - (include a date).

5-8-2022 [REDACTED]

Document Submission

Implemented

Please include in plan of correction: The administrator will be responsible for fixing the problem and monitoring compliance. Activity Calander will be created 6 months at a time to ensure that the calendar is always current.

Calander is posted until October 2022.

221c - Post Activity Calendar (continued)

*Who is responsible for fixing the problem?*

*Monitoring compliance?*

*What action that person will take, and when that action will happen - (include a date).*

5-8-2022 MM