

Department of Human Services
Bureau of Human Service Licensing

August 5, 2022

[REDACTED] OWNER/Administrator
[REDACTED]

RE: CORNERSTONE OF CLAYSBURG
969 BEDFORD STREET
CLAYSBURG, PA, 16625
LICENSE/COC#: 33327

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 02/08/2022, 02/09/2022, 02/10/2022 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations 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: *CORNERSTONE OF CLAYSBURG* License #: *33327* License Expiration: *12/15/2022*
Address: *969 BEDFORD STREET, CLAYSBURG, PA 16625*
County: *BLAIR* Region: *CENTRAL*

Administrator

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

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *Other* Date: *03/14/1984* Issued By: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *21* Waking Staff: *16*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Complaint* Exit Conference Date: *02/10/2022*

Inspection Dates and Department Representative

02/08/2022 - On-Site: [REDACTED]
02/09/2022 - On-Site: [REDACTED]
02/10/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *24* Residents Served: *20*

Secured Dementia Care Unit

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

Hospice

Current Residents: *no*

Number of Residents Who:

Receive Supplemental Security Income: *12* Are 60 Years of Age or Older: *13*
Diagnosed with Mental Illness: *4* Diagnosed with Intellectual Disability: *3*
Have Mobility Need: *1* Have Physical Disability: *1*

Inspections / Reviews

02/08/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/21/2022*

Inspections / Reviews (*continued*)

03/31/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *04/08/2022*

08/05/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *09/30/2022*

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On or about ██████ 2021, the home became aware of an allegation of abuse by staff toward Resident 1. The home also became aware of Resident 1 having suicidal ideations and a plan to to injure his/her self. The home did not report these conditions to the Department as required.

Plan of Correction

Directed

The administrator will investigate any and all allegations of abuse by speaking with the staff/residents involved at the time the alleged incident(s) occur. We certainly take any accusations seriously and will continue to send any residents to the hospital, or refer them to call the crisis hotline if/when they talk about injuring themselves or others. All incidents will continue to be documented and reported to the state. We are currently working with Resident #1's caseworker to find alternative placement in a mental health facility. ██████ caseworker/counselor works with ██████ once a week on Mondays and ██████ has regularly scheduled counselor appointments via telephone at least once a month through the Primary Health Network.

Directed -

All staff will be re-educated, by the Administrator, on the home’s process for reporting Reportable Incidents and the types of incidents that are required to be reported, as outlined in regulation 2600.16(a). This re-education shall be completed by 8/31/22. Reported incidents will be included in the home's next quality management review, to be held by 9/30/22. GE, 7/29/22

Completion Date: 04/05/2022

20b3 - Written Receipts

1. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

3. The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.

Description of Violation

The home provides Representative Payee services for Resident 4. The home does not obtain a written receipt from the resident for cash disbursements at the time of disbursements.

The home holds funds for Resident 5, however the home does not obtain Resident 5's signature for cash disbursements.

Plan of Correction

Directed

I currently use the state form for cash reimbursement for residents. As of 3-1-22 I will start having them sign the form at the time I give them their personal spending money.

20b3 - Written Receipts (continued)

Directed -

The administrator will ensure that all residents sign for cash disbursements, or will indicate refusal or inability to sign as of 3/1/22.

Quarterly, the administrator will review each resident's account to ensure that all cash disbursements are recorded and that there is documentation that the resident signed for all cash disbursements, or there is an indication of the resident's refusal or inability to sign. The 1st quarterly review will be completed by 8/31/22, by the administrator. GE, 7/29/22

Completion Date: 04/05/2022

20b8 - Quarterly Account**1. Requirements**

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

8. The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

Description of Violation

The home provides Representative Payee services for Resident 2. The home does not provide an itemized account of financial transactions made on the resident's behalf on a quarterly basis to the resident.

Plan of Correction

Directed

We are not the Rep Payee for resident #2. █████ falls under the financial guardianship of AAA in █████ We submit █████ invoicing for room/board and incidentals (with receipts) to AAA on a monthly basis of which Cornerstone is reimbursed.

Violation Withdrawn - per NC, 3/30/22

Completion Date: 03/21/2022

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 12/10/2021 the home issued a notice of a rate increase to be effective 1/1/2022. The rate increase was for all residents of the home, including Residents 1, 2 and 3. The notice did not provide 30 days advance notice to the residents of the contract change.

Plan of Correction

Accept

Cornerstone holds monthly Resident Council meetings when we discuss the matters of the Home. In the past, home rules, rate increases (general) were discussed and written notice was given to residents in the form of a 30 day notice of the change. In this particular instance, proper notice was not given, although we had been talking about rate

25c10 - Advance Notice (continued)

increases for the past few months. As of 3-1-22 any and all changes to policy, procedures, financials or rules will be submitted in writing to residents and responsible parties with at least a 30-day notice of the change by the administrator.

Completion Date: 04/05/2022

42o - Associate/Communicate**1. Requirements**

2600.

42.o. A resident has the right to freely associate, organize and communicate with others privately.

Description of Violation

The home's rules include a "curfew" for residents to be in their rooms by 11 pm. Residents of the home express understanding of the rule and comply with it.

Plan of Correction

Home rules were discussed at the resident council meeting held on 3-30-22, providing the residents with a 30-day notice of the change. Administrator informed the residents of the changes effective on May 1, 2022, eliminating the curfew.

Completion Date: 04/05/2022

Accept**63a - First Aid/CPR Training****1. Requirements**

2600.

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

Description of Violation

On 1/31, 2/2 and 2/5/2022 18 residents were present in the home. During these times no staff persons were present in the home who were certified in First Aid or CPR..

Plan of Correction

There is at least one staff member trained in CPR and first aid on every shift. I have contacted and I am working with the Bedford Ambulance trainer, to schedule and conduct a course for our new staff sometime in April, depending on his schedule. All new staff will be trained in CPR and first aid within their first 30 days of employment going forward.

Directed -

The administrator will ensure that sufficient numbers of staff with the required training and certification are present in the home at all times. Documentation of staffing, training, and certification will be kept by the home and available to agents of the Department at any time. Staff training needs will be discussed at the home's next quality management review, to be held no later than 9/30/22. GE, 7/29/22

Completion Date: 04/05/2022

Directed**85a - Sanitary Conditions****1. Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

85a - Sanitary Conditions (continued)

Description of Violation

On 2/9/2022 at 12:30 pm, dog feces and urine were observed on the floor of Resident Bedroom #3.

Plan of Correction

Accept

The Home has a resident dog that lives on the premises. The staff immediately cleans up after her and monitors her as they do their rounds throughout the home, if she has an occasional accident. The carpets are vacuumed daily and then steam-cleaned on a weekly basis by staff completing housekeeping duties. Any and all other unsanitary conditions will be checked for by staff once per shift, and if found, will be addressed.

Completion Date: 04/05/2022

93a - Handrails

1. Requirements

2600.

93.a. Each ramp, interior stairway and outside steps must have a well-secured handrail.

Description of Violation

The lounge located at the northern side of the home has an exit to the front, [REDACTED] Street, side of the home. The handrail on the right as one exits the lounge has become detached at the base, so that it is wobbly and not well secured.

Plan of Correction

Directed

A temporary brace has been put in to stabilize the railing. The exit is only used in the case of an emergency exit, and hasn't been used in months. We are still waiting on a quote to remove and replace the current railing and update the outside porches.

Directed -

The administrator will check all railings of the home to ensure that they are secure at least monthly, beginning 8/31/22 . GE, 7/29/22

Completion Date: 04/05/2022

94b - Non-Skid Surface

1. Requirements

2600.

94.b. Interior stairs, exterior steps and ramps must have nonskid surfaces.

Description of Violation

The exterior steps up to the front porch of the home have carpet that is loose and ripped, causing a tripping hazard.

Plan of Correction

Directed

The non-skid surface that was put down did not hold up in rain, so we will be adding outdoor carpet this week [4/12/22]. In the meantime, the old carpet on the steps has been torn off.

Directed -

The administrator will inspect all stairs/steps of the home monthly, beginning 8/31/22 to check for safety from slipping when wet, and that they have non-skid surfaces. GE, 7/29/22

Completion Date: 04/05/2022

124 - Notice to Fire Department

1. Requirements

2600.

124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The home does not have documentation of written notification to the local fire department of the address of the home, location of the bedrooms, and the assistance needed to evacuate in an emergency.

Plan of Correction

Directed

The original letter to the fire department was sent on January 15, 2020. I [the administrator] updated the letter and sent it to our local fire department on 3-22-22. I will resubmit the letter annually with any changes going forward.

Directed -

Documentation of notification will be kept by the home. GE,7/29/22

Completion Date: 04/05/2022

130g - Smoke Detector Repair

1. Requirements

2600.

130.g. If a smoke detector or fire alarm becomes inoperative, repair shall be completed within 48 hours of the time the detector or alarm was found to be inoperative.

Description of Violation

On 2/8/2022, staff of the home advised that the interconnected smoke detector system was not operational and the home has been utilizing individual, non interconnected smoke detectors for the past several weeks.

Plan of Correction

Accept

When the fire drill was held in February 2022, it was noted that one of the "sensors" was bad and kept tripping a false alarm. The unit was unplugged and repairs were attempted to include cleaning of all of the detectors in the Home. When the alarm went off again (false alarm) we contacted a local repair company who came and serviced the unit. It was determined that we needed a part for the main system and it was ordered through the company. The part has yet to arrive. When the part becomes available, the company will return and make sure the entire system is up and running properly. In the meantime, we have stand-alone units that do work and are currently active throughout the home.

A follow up phone call was made to the repair company on 3-21-22 [by the administrator]. We are still waiting for the part to fix the central fire alarm system. The residents have been informed of the problem at the resident council meeting on 3-30-22. Cornerstone has 8 battery operated smoke detectors, as well as the heat sensors and carbon monoxide detectors that will still operate in an emergency. When the part becomes available, the company will repair the central fire system.

Completion Date: 04/05/2022

141a - Medical Evaluation

1. Requirements

2600.

141a - Medical Evaluation (continued)

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

Description of Violation

The home's record for Resident 3, who was admitted on [REDACTED] does not include an initial document of medical evaluation.

The home's record for Resident 4, who was admitted on [REDACTED] does not include an initial document of medical evaluation.

Plan of Correction**Directed**

A letter was sent out to each resident's primary care physician on 3-22-22 to update every resident's DME. [Administrator] will use the date of 3-22 to request updated DME's annually.

Directed -

The administrator will ensure that all newly-admitted residents have a medical evaluation within the time frames required by this regulation, by developing a system for required documents for new admissions to be completed, by 8/31/22. GE 7/29/22

Completion Date: 04/05/2022

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

Resident 2's medical evaluation, signed by a physician on [REDACTED] does not record the date of the resident's medical evaluation.

Plan of Correction**Directed**

Letters were sent [from the administrator] to each resident's primary care doctor on [REDACTED] requesting updated DME's for all residents including resident #2.

Directed -

The administrator will audit all resident records to ensure that each resident has a current medical evaluation and the associated Documentation of Medical Evaluation form (DME) has been completed in full. Any DME that is incomplete will be corrected within 30 days from the date it was reviewed. The audit of these DMEs will be

141a 1-10 Medical Evaluation Information (continued)

completed by 8/31/22. GE, 7/29/22

Completion Date: 04/05/2022

141b1 - Annual Medical Evaluation

1. Requirements

2600. 141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident 2's most recent medical evaluation was signed by a physician on [REDACTED] There are no other medical evaluation forms in the resident's records.

The most recent medical evaluation found in Resident 3's records is dated [REDACTED]

The most recent medical evaluation found in Resident 4's records is dated [REDACTED]

Plan of Correction

Directed

Letters were sent to each resident's PCP to update the DME for each resident, including resident #3 and #4.

Directed -

The administrator will audit all resident records by 8/31/22 to ensure that each resident has had a medical evaluation within the past year. Any resident whose medical evaluation is overdue will have a new evaluation as soon as possible and annually thereafter. GE, 7/29/22

Completion Date: 04/05/2022

144c2 - Smoking Area Distance

1. Requirements

- 2600. 144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:
 - 2. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following: Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

Description of Violation

The smoking area located in the back yard of the home does not have signs designated it as the smoking area.

On 2/10/2022, a green chair with a synthetic green leather upholstery was located in the smoking area. This chair does not have a tag indicating it is fire resistant.

Smoking occurs in areas outside the home's designated smoking area as evidenced by the observation on 2/10/2022 of a cigarette butt in pile of dryer lint. The dryer lint was located under the dryer ductwork's exterior flapper at the laundry room door on the rear side of the building.

144c2 - Smoking Area Distance (continued)**Plan of Correction****Accept**

Outdoor signs to indicate the designated smoking area were ordered by the administrator and placed outside on 3/20/22. We have also ordered and placed a directional sign with an arrow by the back door. The upholstered chair was removed from the smoking area and replaced with an outdoor chair that is fire resistant. The residents and staff KNOW that they are only allowed to smoke in the designated smoking area. That area has since been cleared of lint and debris and cleaned, and will be checked on a regular basis (weekly) [by the administrator] for any potential fire hazards.

Completion Date: 04/05/2022

182c - Medication Administration**1. Requirements**

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

1. Identify the correct resident.
2. If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
3. Remove the medication from the original container.
4. Crush or split the medication as ordered by the prescriber.
5. Place the medication in a medication cup or other appropriate container, or in the resident's hand.
6. Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in subsection (b)(4).
7. Complete documentation in accordance with § 2600.187 (relating to medication records).

Description of Violation

Staff person 2 did not complete medication administration as required as evidenced by resident statements that Staff Person 2 brings them their medications in prefilled cups that are either stacked on top of other residents' medication cups or brought out on a tray with the prefilled medication cups of multiple residents.

Plan of Correction**Directed**

Staff person #2 is a certified licensed paramedic. Staff person #2 was informed of [REDACTED] mistake and will be properly trained on medication administration for Personal Care Homes when the classes are available online.

Directed -

The home will administer medications in a manner consistent with these regulations. The Administrator will complete bi-weekly routine audits of the medication administration records (MARs) for the next 3 months, beginning 8/31/22 to ensure medication administration is performed as outlined in 2600.182(c). The results of the audits and staff training needs will be included in the home's periodic quality management plan reviews, the first review to take place no later than 9/30/22. GE, 7/29/22

Completion Date: 04/05/2022

183a - Original Containers and Injections

1. Requirements

2600.

183.a. Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration. Assistance with insulin and epinephrine injections and sterile liquids shall be provided immediately upon removal of the medication from its container.

Description of Violation

A small plastic bin was observed in the medication storage room. This bin contained three loose packs of [REDACTED] [REDACTED] Each pack contained five 3 ml units. These packs had been removed from their original packaging and did not have a label for which resident they were prescribed for. Staff state Residents 1, 2 and 3 are each prescribed this medication and staff administer the resident's Ipratropium Bromide to the residents from this bin.

Repeat Violation 6/17/2020

Plan of Correction

Directed

All loose vials of solution were discarded. Only those in packages and with the resident's name and script label are in the med cart.

Directed -

The medication, [REDACTED] for Residents #1, #2 and #3 will be kept with their original packaging with the pharmacy labels attached that include each resident's name. The Administrator will conduct bi-weekly audits, beginning 8/31/22, of the medication carts to ensure that all medications/medical equipment are in their original labeled containers. GE, 7/29/22

Completion Date: 04/05/2022

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

A used [REDACTED] was found on the medication cart. According to staff, this glucometer was placed on the medication cart to use as a back up for any resident who may need a blood sugar check and does not have their own glucometer.

On the following dates and times, the blood sugar readings recorded on Resident 2's glucometer did not match the blood sugar readings on Resident 2's Medication Administration Record (MAR):

2/1/2022 at 8am, [REDACTED]

2/4/2022 at 8am, [REDACTED]

2/7/2022 at 8am [REDACTED]

185a - Implement Storage Procedures (continued)

2/2/2022 at 12pm, [REDACTED]

Plan of Correction

Directed

The spare glucometer was discarded. As of 4/5/22, the staff records the resident's blood sugar numbers into the eMAR directly from the glucometers. Staff were educated by administrator on 4/5/22 to compare the written recordings to the glucometer itself in order to assure accuracy in the blood sugar readings.

Directed -

All staff conducting blood sugar testing were re-educated on the use of glucometers, testing equipment and documenting accurate information on the eMARs on 4/5/22, as well as reviewing the home's policies regarding 2600.185a.

The Administrator will conduct weekly audits of the actual readings on the residents' glucometers as compared with the documented readings on the eMAR's for a period of 3 months. The findings of the audits will be addressed at the home's next Quality Management Review, to be held by 9/30/22. GE, 7/29/22

Completion Date: 04/05/2022

186a - Authorized Prescriber

1. Requirements

2600.

186.a. Each prescription medication must be prescribed in writing by an authorized prescriber. Prescription orders shall be kept current.

Description of Violation

On 2/9/2022, the MAR for Resident 2 included the administration of [REDACTED] according to a sliding scale. Staff state the [REDACTED] has been discontinued for Resident 2.

The MAR records blood sugar readings for Resident 2, four times per day. The box containing [REDACTED] states Resident 2's blood sugar is to be checked 5 times per day.

On this date, the home did not have written orders to clarify what medications are prescribed for Resident 2 or when the resident's blood sugar reading is to be taken.

Plan of Correction

Directed

Resident #2's orders for testing have been documented by the prescribing doctor and are on file as of 3/21/22. Resident #2 no longer uses said lancets for testing.

Directed -

The Administrator will conduct an initial audit of the MARs and corresponding physicians' orders by 8/31/22, to ensure that orders are current and that the home is following all orders. The Administrator will then conduct bi-weekly audits, beginning in September 2022, of the medication carts. GE, 7/29/22

Completion Date: 04/05/2022

186b - Medication Used by Resident

1. Requirements

2600.

186.b. Prescription medications shall be used only by the resident for whom the prescription was prescribed.

Description of Violation

The [redacted] treatments prescribed for Residents 1, 2 and 3 are stored in a small bin containing the medication in packets not labeled for each individual resident.

Plan of Correction

Directed

All medication including nebulizer treatment solution is stored in the med room with the proper label in the sealed bag from the pharmacy. Residents are only given the medication that is prescribed to them.

Directed -

The medication, [redacted] treatments for Residents #1, #2 and #3 will be kept with their original packaging with the pharmacy labels attached that include each resident's name. The Administrator will conduct bi-weekly audits, beginning 8/31/22, of the medication carts to ensure that all medications/medical equipment are in their original labeled containers. GE, 7/29/22

Completion Date: 04/05/2022

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 blood sugar checks 5 times per day. However, the home has been administering blood sugar checks to Resident 1 four times per day as evidenced by the Resident's glucometer record of 4 blood sugar checks daily from 2/1/2022 through 2/7/2022.

Plan of Correction

Directed

Correction - Resident 4 is not prescribed blood sugar checks, also Resident 1 is not prescribed blood sugar checks.

Violation Withdrawn - GE, 3/30/22

Completion Date: 03/21/2022

190b - Insulin Injections

1. Requirements

2600.

190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

Description of Violation

On 2/5 and 2/6/2022, Staff Person A administered 18 unites of Humalog to Resident 2. Staff person A has not completed a Department-approved diabetes education program within the last 12 months. Staff Person A's last such training occurred 4/5/2018.

190b - Insulin Injections (*continued*)**Plan of Correction****Directed**

Due to covid-19 and a limited number of Diabetes training in the area, none of our current staff has been able to go through the Diabetes training class. All of our diabetics who receive insulin injections dial their own pen needles and administer the injections themselves. It is simply recorded by staff at this time, until we are able to complete the diabetes training class. Going forward, new and existing staff will be trained through the State's Diabetes Administration class online.

Staff will be required to take the diabetic training as it becomes available online as soon as possible and as scheduling permits, including staff A - me.

Directed -

All Staff performing administration of insulin injections will have training records showing that they successfully completed both the Department-approved medications administration course and a Department-approved diabetes patient education program by 1/31/23. Staff training needs will be included in the home's quality management reviews, the next to be held no later than 9/30/22. GE, 7/29/22

Completion Date: 04/05/2022

225a - Assessment 15 Days

1. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident 1's assessment, dated [REDACTED] does not include multiple diagnoses listed on Resident 1's medical evaluation, dated 7/14/2021. Missing diagnoses include Chronic migraine, Celiac disease, Polyneuropathy Protein S Deficiency, and IBS.

The RASP includes diagnoses for the resident that are not included on Resident 1's medical evaluation such as Hep C,, Acute coronary syndrome, Cholecystectomy and sickle cell disease. Multiples pages of the assessment to refer to a different resident as evidenced by a different name and gender being used in the assessment.

Plan of Correction**Directed**

Since the state inspection, a new RASP for resident #1 was reviewed, completed to include the missing information and/or diagnoses, and reviewed with the resident on 3/21/22. I (administrator) also had the resident sign and a copy of the RASP was provided to him. The RASP was printed, corrected and reviewed by resident #1. Re-signed, dated and placed in the resident's file.

Directed -

Resident #1 no longer resides at the facility. The administrator will develop a system to ensure that all newly admitted residents have detailed assessments completed within the required time frames that identify each resident's personal care needs. The forms will be filled out in their entirety, including signatures and dates. GE, 7/29/22

Completion Date: 04/05/2022

225c - Additional Assessment

1. Requirements

2600.

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

- 2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

The assessment for Resident 1 was completed on [REDACTED] The home did not update the resident's assessment as required as evidenced by the home issuing a 30-day move out notice to Resident 1 on 11/1/2021. This notice documents Resident 1's threatening to harm another resident and Resident 1's suicidal ideations. These concerns were not updated in Resident 1's [REDACTED] assessment.

The only assessment that the home was able to provide for Resident 2 was dated as having been completed on [REDACTED] This assessment did not include Resident 2's need for oxygen.

Plan of Correction

Directed

The RASP was printed and corrected (by the administrator) and reviewed by resident #2. Re-signed, dated and placed in the resident's file.

Directed -

Resident #1 no longer resides at the facility. All current resident assessments will be reviewed by the administrator by 8/31/22. The assessments will include the current abilities of each resident to ensure that all current needs have been identified and addressed in the plan. Any plan found to be in need of an update shall have one completed at that time. Staff will receive re-education by 8/31/22 to contact the administrator immediately when a significant change in the resident's abilities has occurred, so that any change in need can be properly addressed and documented. GE, 7/29/22

Completion Date: 04/05/2022

227i - Support Plan Accessible

1. Requirements

2600.

227.i. The support plan shall be accessible by direct care staff persons at all times.

Description of Violation

On [2/8/2022 at 10 am, resident support plans were inaccessible to direct care staff as evidenced by the home having no copies of support plans for Resident 1 and Resident 2 on site, as requested for review during the inspection.

Plan of Correction

Accept

The RASP's for resident #1 and #2 were still in the computer at the time of inspection. In an attempt to print them out for the inspector, they were jumbled and did not correctly print all of the pages. Since the inspection, the RASP's were reviewed with updated information, printed and signed by the resident. Copies were made for their files and a copy was given to the resident as well. Going forward every resident will have an updated RASP printed and easily accessible in their file for review at any time.

Both RASP's have been updated, printed by the administrator, then reviewed with the resident and signed on 3-16-22.

Completion Date: 04/05/2022

252 - Record Content

1. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

- 2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
- 3. A photograph of the resident that is no more than 2 years old.

Description of Violation

The home's record for Resident 2 does not include record of identifying marks, eye color, hair color or a photograph of the Resident.

The home's record for Resident 3 does not include identifying marks or a photograph that is less than 2 years old.

Plan of Correction

Directed

During the next resident council meeting, scheduled for 3/30/22, new pictures will be taken for each resident and placed in their file. I (administrator) will also incorporate the (state) form for identifying marks/tattoos/scars, etc... to be used at the time a resident is admitted.

The home is now using an identifying page upon admission to record identifying marks of the resident. This page will be added to their file by the administrator and into the computer for reference.

Directed -

The administrator will review/ audit all resident records by 8/31/22 to ensure that all of the information required by this regulation is present. Missing information will be added at that time. Annually, the administrator will review all resident records to ensure that all of the information required by this regulation is present. GE, 7/29/22

Completion Date: 04/05/2022

182b - Prescription Medication

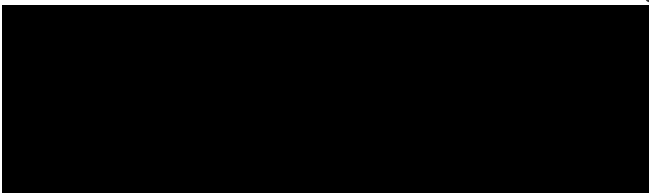
1. Requirements

2600.

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

- 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 drops and epinephrine injections for insect bites or other allergies.

edications to residents to include the following;



ng occurred on 9/18/2019.

182b - Prescription Medication (continued)

Repeat violation 6/7/20

Plan of Correction

Directed

I will schedule myself for the medication administration course online during the month of April or May when the classes are available and my schedule permits.

Directed -

All Staff performing medication administration will have training records showing that they successfully completed the Department-approved medications administration course by 1/31/23. Staff training needs will be included in the home's quality management reviews, the next to be held no later than 9/30/22. GE, 7/29/22

Completion Date: 04/05/2022

187b - Date/Time of Medication Admin.

1. Requirements

2600.

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

Description of Violation

Resident 1 is prescribed [redacted] capsules This medication was administered on 2/3/2022 at 5 pm; however, the name and initials of the staff person who administered this medication is not included on Resident 1's medication administration record.

Resident 2 is prescribed [redacted] tablet. This medication was administered on 2/3/2022 at 4 pm; however, the name and initials of the staff person who administered this medication is not included on Resident 2's medication administration record.

Resident 3 is prescribed [redacted] This medication was administered on 2/3/2022 at 4 pm; however, the name and initials of the staff person who administered this medication is not included on Resident 2s medication administration record.

Repeat Violation 6/17/2020

Plan of Correction

Directed

I made a call to the pharmacy, they are showing the same information on their end of the computer for that day. Data is entered into the eMAR as the medication is administered. The administrator will review med lists on a

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

weekly basis to make sure all boxes are marked, and that proper recording procedure is being followed.

Directed -

The weekly medication reviews will be part of the home's quality management plan review, to be held by 9/30/22.

GE, 7/29/22

Completion Date: 04/05/2022