



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT
REQUESTED MAILING DATE: August 10, 2022

[REDACTED]
Ark Manor LLC
105 Sandra Drive
Delmont, Pennsylvania 15626

RE: Ark Manor
105 Sandra Drive
Delmont, Pennsylvania 15626
License/COC #: 446861

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on November 2, 2021, November 3, 2021, November 8, 2021, November 16, 2021, November 17, 2021, February 15, 2022, February 16, 2022, February 17, 2022, February 23, 2022, February 24, 2022, February 25, 2022, March 14, 2022, March 30, 2022, May 2, 2022, May 3, 2022, June 8, 2022, June 9, 2022, and June 10, 2022, of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance (license number 446860) dated February 19, 2022 – February 19, 2023, and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026 (b)(1); (5) and 55 Pa. Code § 20.71(a)(2); (3); (4); (5) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from August 10, 2022 to February 10, 2023.

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

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

55 Pa. Code Chapter 2600	Class of Violation	Census at Inspection X	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
Section:					
15(a)	II	30	\$5	\$150	5 calendar days from mailing date of this letter
16(c)	II	30	\$5	\$150	5 calendar days from mailing date of this letter
42(b)	II	30	\$5	\$150	5 calendar days from mailing date of this letter
95	II	30	\$5	\$150	5 calendar days from mailing date of this letter
141(a)	II	30	\$5	\$150	5 calendar days from mailing date of this letter
183(b)	II	30	\$5	\$150	5 calendar days from mailing date of this letter
187(b)	II	30	\$5	\$150	5 calendar days from mailing date of this letter
225(a)	II	30	\$5	\$150	5 calendar days from mailing date of this letter
225(c)	II	30	\$5	\$150	5 calendar days from mailing date of this letter
227(c)	II	30	\$5	\$150	5 calendar days from mailing date of this letter

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

achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

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

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

Jeanne Parisi, Bureau Director
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120
PH: 717-214-1304

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

Sincerely,



Jamie Buchenauer
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc: [REDACTED]
[REDACTED]
[REDACTED]

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

Facility Information

Name: *ARK MANOR* License #: *44686* License Expiration: *02/19/2023*
Address: *105 SANDRA DRIVE, DELMONT, PA 15626*
County: *WESTMORELAND* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: *7244686200* Email: [REDACTED]

Legal Entity

Name: *ARK MANOR LLC*
Address: *105 SANDRA DRIVE, DELMONT, PA, 15626*
Phone: *7244686200* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *06/03/2006* Issued By: *L & I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *46* Waking Staff: *35*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Incident, Interim* Exit Conference Date: *03/30/2022*

Inspection Dates and Department Representative

02/15/2022 - On-Site: [REDACTED]
02/16/2022 - On-Site: [REDACTED]
02/17/2022 - On-Site: [REDACTED]
02/23/2022 - On-Site: [REDACTED]
02/24/2022 - On-Site: [REDACTED]
02/25/2022 - On-Site: [REDACTED]
03/30/2022 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *70* Residents Served: *39*

Secured Dementia Care Unit

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

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *10* Are 60 Years of Age or Older: *35*
Diagnosed with Mental Illness: *9* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *7* Have Physical Disability: *0*

Inspections / Reviews

02/15/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/24/2022*

05/18/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/20/2022*

06/01/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *06/06/2022*

15b - Supervisor Plan

1. Requirements

2600.

15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On [REDACTED]/22 at approximately 2:00 p.m., direct care staff person B, reported hearing a lot of commotion and a loud [REDACTED] voice coming from the [REDACTED] hall and went to investigate. Direct care staff person B witnessed direct care staff person A in resident #3's bedroom yelling and swearing at the resident, "This is [REDACTED] should have gotten up and used the bathroom, and This is [REDACTED]". Direct care staff person A continued to yell and swear at the resident "this is [REDACTED] are completely soaked through, [REDACTED] should have gotten up, I have to leave". The resident was still in bedclothes that were urine soaked and the bed linens were also urine soaked. Direct care staff person A continued to yell while taking resident #3 into the bathroom to change the resident's adult brief and clothing. When direct staff person A brought resident #3 out of the bathroom the resident was crying and kept apologizing, saying, "I'm sorry".

Direct care staff person B specifically asked direct care staff person A if the resident got up today and had eaten. Direct care staff person A replied, "No, resident #3 wouldn't get up and aid in bed all day and no one brought in a tray". Direct care staff person B, reported leaving the room and went to report the incident to staff person C, [REDACTED] at approximately 2:10 p.m. Shortly after a family member of resident #3 arrived at the resident's room and found the resident in [REDACTED] wheelchair crying saying, "I'm sorry, I'm so embarrassed."

Direct care staff person A was not suspended or placed on a plan of supervision. Direct care staff person A continued to provide unsupervised direct care to the residents in the home on multiple dates, to include: [REDACTED] p.m. to [REDACTED] a.m. on [REDACTED]/22 and on [REDACTED] 22, [REDACTED]/22 and [REDACTED]/22 from [REDACTED] a.m. to [REDACTED] pm.

Plan of Correction

This allegation was made to PA Area on Aging, whom came out to investigate the complaint. This is the first time Staff person C, [REDACTED] was made aware of the allegation. Direct care staff person B never spoke to staff C of this incident. The investigator from PA Area on Aging found the complaint unsubstantiated, therefore the administrator did not suspend or place Staff A on supervision.

Upon completion of PA Department of Human Services Licensing inspection, the inspector informed staff C that the staff with alleged abuse should be placed on suspension or supervision until after the department completes its investigation, as they are separate from Area on Aging. Upon the exit interview and completion of the inspection, Staff A was placed on progressive supervision for 60 days beginning [REDACTED]/2022, and ending on [REDACTED]/2022. All staffing schedules were adjusted to reflect the supervision.

In addition to staff A 60 days of progressive supervision, all staff will be required to attend mandatory training on Abuse and Neglect Provided by PA Adult Protective Services, scheduled for May 11, 2022 and "Sensitivity, dignity and respect" provided by Monarch Hospice on May 25, 2022.

Moving forward the Administrator, If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Plan of Correction**Directed**

Any allegations of abuse will immediately be reported to Area on Aging and the Department for investigation. The

15b - Supervisor Plan (continued)

Administrator will immediately place the staff member that allgations were made against on progressive supervision, or suspension until both the Area on Aging and the Department conclude their investigations. Any staff placed on supervision will be constantly accompained by memers of the administrative team supervisors, documentation will be kept of all shifts that were monitored.

DIRECTED

Within 1 calendar day of receipt of the accepted plan of correction: The administrator or designated staff person shall immediately place any staff person suspected of abuse on suspension or on a plan of supervision approved by the Department. 5/31/22 JK

Within 5 calendar days of receipt of the accepted plan of correction: The administrator or designated staff person shall audit all allegations of abuse to ensure the requirements of regulation 2600.15(b) are met. 5/31/22 JK

Within 15 calendar days of receipt of the accepted plan of correction: All staff persons shall be educated on the requirements of regulation 2600.15(b). Documentation of education shall be kept. 5/31/22 JK

Completion Date: 05/24/2022 Licensee's Proposed Date for POC Implementation

7/27/22 JK

Not Implemented

17 - Record Confidentiality**1. Requirements**

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 2/15/22, at approximately 9:35 a.m., the door to room #412 (the office) was unlocked, unattended and accessible. There was a box in the right front corner of the room on the floor, containing approximately 50 or more manila folders with previous and current residents' documents. with resident dates of birth, social security numbers, diagnosis's, physician orders, medications, physicians progress notes, medication reviews a of current and previous resident's including resident #1 and resident #2, #4 and #5.

Plan of Correction

On 2/25/2022 all resident records were moved into the Administrators office for locked storage.

Moving forward all resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Plan of Correction

Directed

The administrator or designee will do a weekly walkthrough of the homee to enure all records and any personal private protected health information are kept confidential.

Staff training on HIPPA and proper storage of records will be held on 5/25/2022.

17 - Record Confidentiality (continued)

DIRECTED

Within 15 calendar days of receipt of the accepted plan of correction: The administrator or designated staff person shall educate all staff persons on the requirements of regulation 2600.17. Documentation of education shall be kept.
5/31/22 JK

Completion Date: 05/25/2022 Licensee's Proposed Date for POC Implementation 7/27/22 JK

Not Implemented

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

Resident #7's contract dated [REDACTED]/21, is not signed or dated by the administrator/designee.

Plan of Correction

Residents contract has been signed by staff D, [REDACTED] on 2/25/2022. Staff C was not employed at the time of resident #7s admission.

Staff C, [REDACTED] will ensure the contracts of all admissions moving forward 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

Plan of Correction

All current resident contracts have been checked by the administrator and then double checked by the designee/administrative assistant. Moving forward any new resident contracts will be checked by the administrator and the administrator's assistant to ensure that all required signatures are there.

Completion Date: 05/24/2022 Licensee's Proposed Date for POC Implementation

7/27/22 JK

Not Implemented

42c - Treatment of Residents

1. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On 2/17/22, at approximately 2:50 p.m. direct care staff persons E and F, were witnessed by an agent of the Department talking loudly while walking down the mauve hallway past resident bedrooms. Direct care staff person E, was heard saying, "I don't give a [REDACTED]" and direct care staff person F commented back "I don't give a [REDACTED] either." The conversation continued as they walked down the hall and direct care staff person E again say [REDACTED] Residents' in the hallway and in their rooms heard this interaction by the staff persons.

On 2/17/22, at approximately 4:45 p.m. and 5:00 p.m., direct care staff person F was providing incontinence care to resident #8. An agent of the Department was in room heard direct care staff person F talking to the resident in bedroom #406, as follows: "Oh man, wait resident #8's name, you need changed, you had [REDACTED] I will change you." Direct care staff person F, yelled out calmly several times, "Hey, help can I get some help here!" "Can anyone hear me; Help I need help." The other staff working did not respond. Direct care staff person F in a loud frustrated voice, said, "Ah, man...I got [REDACTED]"

42c - Treatment of Residents (continued)

all over me." That's it I'm done, I'm done." The agent heard a [REDACTED] voice, and direct care staff person F, asking, "Can I get some help [REDACTED] help me." The [REDACTED] staff quietly replied, "I have to [REDACTED] first to help you." Direct care staff person F replied, "Help me, I can't hold [REDACTED] much longer, [REDACTED] is going to fall." The [REDACTED] staff quietly replied, "I can't help unless I [REDACTED] give me a minute." The agent heard the resident moaning, and direct care staff person F yelling, "I got [REDACTED] all over me. That's it I'm done with this." There was an exchange of words between the two staff and then direct care staff person F yelled, [REDACTED] got [REDACTED] all over [REDACTED] I'm done." "Resident #8, No don't put your hand there, quit playing with it," Come on, could someone help me!" Then heard direct care staff person F say, "I don't give [REDACTED]." While the [REDACTED] staff was quietly talking. At 5:00 p.m., observed the resident lying in [REDACTED] bed and no staff around.

On 2/24/22, at approximately 9:30 a.m., an agent of the Department heard direct care staff person A, was heard yelling and swearing after leaving resident #2's room. The staff person was yelling, "I can't [REDACTED] take it.", "that [REDACTED] resident #2".

Plan of Correction

Upon the exit interview and completion of the inspection, Staff E and Staff F were given a written Corrective action form (see attached) and were placed on progressive supervision for 60 days beginning [REDACTED]/2022, and ending on [REDACTED]/2022. All staffing schedules were adjusted to reflect the supervision.

In addition to staff A, Staff E and Staff F written disciplinary action and progressive supervision, all staff will be required to attend mandatory training on Abuse and Neglect Provided by PA Adult Protective Services, scheduled for May 11, 2022 and "Sensitivity, dignity and respect" provided by Monarch Hospice on May 25, 2022.

Plan of Correction

Administrator will privately interview 3 residents per week for 3 months. Documentation of the interviews and or complaints any resident shall have will be reported immediately. This shall occur until August 24, 2022. any complaints or other issues the r An interview sheet has been created and attached.

Completion Date: 05/24/2022 Licensee's Proposed Date for POC Implementation

7/27/22-JK
Not Implemented

42I - Personal Clothing**1. Requirements**

2600.

42.I. A resident has the right to furnish his room and purchase, receive, use and retain personal clothing and possessions.

Description of Violation

Resident #9's assessment and support plan dated [REDACTED]/21, indicate the resident is diagnosed with anxiety. The assessment and support plan, indicate the resident, keeps to self, gets easily upset due to paranoia, has severe judgement concerns, trust issues with others and their motives, is easily agitated, can be verbally aggressive.

The resident's room had clothing,, empty snack bags, canned goods, OTC supplements purchased by the resident and a lot of items collected by the resident or donated. There is a shelving unit where the resident keeps a lot of the canned goods and other food items and the floor around it appears to have substances that was spilt and dried.

On 2/23/22, staff person C instructed the staff working the evening shift (2:00 p.m. - 10:00 p.m.) to clean up resident #9's bedroom. According to interviews, sometime in the early evening after dinner, direct care staff person's E and F, went into the residents room without the resident #9 being present, knowledge or permission and began to bag items of food, collected from the food bank and elsewhere, clothing and other miscellaneous items, the resident had collected placed

42l - Personal Clothing (continued)

in black garbage bags and threw into the dumpster. Direct care staff person G was watching for the resident while the other staff cleaned out the room. The resident saw direct care staff person G take a mop and bucket into the resident bedroom and immediately followed agitated. After resident #9 saw the bedroom cleaned out became extremely angry and verbally aggressive towards the staff. Interviews indicated the resident spent the evening from approximately 10:30 p.m. on 2/23/22 to approximately 3:00 a.m. on 2/24/22, at the dumpster trying to retrieve the items staff threw out.

Plan of Correction

Facility is disputing

Resident 9 has a tendency to hoard, the items that were bagged up and thrown away were expired foods, trash, OTC medications and other hazardous materials that are not permitted to have in resident rooms without a written order from the physician.

Resident 9 travels around the neighborhood and steals food from the church food pantry, the police have come to the facility multiple times over the theft and have repeatedly threatened to file charges.

No personal clothing, furniture, or possessions were thrown away. The items thrown away were for the health and safety of Resident 9 as well as others living in the facility.

The administrator spoke to resident 9 on multiple occasions and informed [REDACTED] that [REDACTED] needed to clean out [REDACTED] room, the room was unsanitary and unhealth full of items not permitted to have in [REDACTED] possession. Resident 9 refused to attempt to clean up [REDACTED] room. The administrator instructed staff to get the room cleaned up and to throw away all expired foods and any medications and/or hazardous materials that are in the room and not permitted.

Moving forward, the administrator will ensure that a resident has the right to furnish [REDACTED] room and purchase, receive, use and retain personal clothing and possessions.

Plan of Correction**Directed**

Resident will be educated in fire safety in the room, and the importance of keeping [REDACTED] things clean. Resident will also be educated in food safety with the importance of throwing away expired foods. Resident will be given a 30 day notice if these practices are not adhered to. Staff will not remove any items from the residents room without the resident present and with a signature.

DIRECTED

Within 5 calendar days of receipt of the accepted plan of correction: The administrator or designated staff person shall implement the use of positive interventions with the resident to maintain compliance with regulation 2600.85(a). 5/31/22 JK

Within 15 calendar days of receipt of the accepted plan of correction: The administrator or designated staff person shall educate all staff persons on the requirements of regulation 2600.42(l). Documentation of education shall be kept. 5/31/22 JK

Completion Date: 05/25/2022 Licensee's Proposed Date for POC Implementation

7/27/22 JK

Not Implemented

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).

51 - Criminal Background Check (continued)

Description of Violation

Direct care staff person A, hired [redacted]/21, does not have a current criminal history background check. The criminal background check in record is dated [redacted]/19.

Direct care staff person E, hired [redacted]/21, did not have a criminal history background check requested until [redacted]/22.

Direct care staff person F, hired [redacted]/21, did not have a criminal history background check requested until [redacted]/22.

Direct care staff person H, hired [redacted]/20, did not have a criminal history background check requested until [redacted]/20.

Ancillary staff person I, hired [redacted]/21, did not have a criminal history background check requested until [redacted]/22.

Plan of Correction

Accept

Criminal background checks were completed for all staff.

The administrator will ensure all 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).

DIRECTED Within 15 calendar days of receipt of the accepted plan of correction: The administrator shall review all new hire records to ensure a criminal history background check has been completed within the required time. 7/27/22 JK

60a - Staff/Support Plan Completion Date: 3/16/22 Licensee's Proposed Date of Implementation [redacted]

1. Requirements

7/27/22 JK Not Implemented

2600.

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

Description of Violation

The home's staffing schedule indicates that only 1 staff person worked on the 10:00 p.m. – 6:00 a.m. shift. In the event of an emergency evacuation, the home's evening and night staffing is inadequate to meet the needs of the residents, as follows:

- On 2/10/22, the home served 37 residents, 7 with mobility needs, 3 of which require 2-person assistance in transferring, 1 of which require assistance with a Hoyer lift, 1 of which require 3-person assistance in transferring with the use of Hoyer lift and 1 of which has supervision needs for safety due to cognitive needs.
- On 2/16/22, the home served 36 residents, 7 with mobility needs, 3 of which require 2-person assistance in transferring, 1 of which require assistance with a Hoyer lift, 1 of which require 3-person assistance in transferring with the use of Hoyer lift and 1 of which has supervision needs for safety due to cognitive needs.

The home's staffing schedule indicates that only 2 staff persons worked on either the 2:00 p.m. -10:00 p.m. or 10:00 p.m. – 6:00 a.m. shift. The home serves 7 residents with mobility needs, 3 of which require 2-person assistance in transferring, 1 of which require assistance with a Hoyer lift, 1 of which require 3-person assistance in transferring with the use of Hoyer lift and 1 of which has supervision needs for safety due to cognitive needs. In the event of an emergency evacuation, the home's evening and night staffing is inadequate to meet the supervision needs of the residents, as follows:

- Tuesday, 2/1/22 – only 2 staff working 2:00 p.m. – 6:00 a.m. and 10:00 p.m. -6:00 a.m. shift. Servicing 37 residents, of which 7 with mobility needs.

60a - Staff/Support Plan (continued)

- Thursday, 2/3/22 – only 2 staff working 10:00 p.m. -6:00 a.m. shift. Servicing 37 residents, of which 7 with mobility needs
- Saturday, 2/5/22 - only 2 staff working 2:00 p.m. – 6:00 a.m. and 10:00 p.m. -6:00 a.m. shift. Servicing 37 residents, of which 7 with mobility needs
- Sunday, 2/6/22 - only 2 staff working 2:00 p.m. – 6:00 a.m. and 9:50 p.m. – 5:50 a.m. shift. Servicing 37 residents, of which 7 with mobility needs
- Monday, 2/7/22 - only 2 staff working 10:00 p.m. – 6:00 a.m. shift. Servicing 37 residents, of which 7 with mobility needs.
- Tuesday 2/8/22 - only 2 staff working 2:00 p.m. to 6:00 a.m. & 10:00 p.m. – 6:00 a.m. shifts. Servicing 37 residents, of which 7 with mobility needs.
- Wednesday, 2/9/22 - only 2 staff working 10:00 p.m. – 6:00 a.m. and 2:00 p.m. -5:50 a.m. shifts. Servicing 37 residents, of which 7 with mobility needs.
- Tuesday 2/15/22 – only 2 staff working 10:00 p.m.- 6:00 a.m. shift. Servicing 39 residents, of which 7 with mobility needs.
- Thursday 2/17/22 – only 2 staff working 10:00 p.m.- 6:00 a.m. shift. Servicing 39 residents, of which 7 with mobility needs.
- Monday 2/21/22 – only 2 staff working 2:00 p.m. -6:00 a.m. – 10:00 p.m.- 6:00 a.m. shifts. Servicing 39 residents, of which 7 with mobility needs.
- Tuesday 2/22/22 – only 2 staff working 10:00 p.m. -6:00 a.m. shift. Servicing 39 residents, of which 7 with mobility needs.

Plan of Correction

Accept

All resident assessments have been updated to reflect true resident needs.

The home was staffed per department guidelines

1hr/resident/day

2hr/resident/day (2person assist)

45 hours/24 hour period

75% hours required daytime hours

33.75% afternoon hours

16.25% overnight

At the census for the dates mentioned we running according to the Support plans in place

75% of 44 hours

33 hours / during waking hours

11 hours / during overnight hours

Administrator has updated all support plans that were completed by previous administration and Resident #2, whom was actually a 3 person assist but not documented has been properly assessed and relocated to [REDACTED]

Administrator will monitor staffing requirements to ensure we meet the need of residents, ensure proper support plans are in place as the census grows.

Completion Date: 04/05/2022 Licensee’s Proposed Date for POC Implementation

7/27/22 JK

Not Implemented

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:

Description of Violation

Direct care staff person A started working in the home on [redacted]/21. Direct care staff person A has not received the first day orientation training in any of the required topics under 2600.65(a).

Direct care staff person's E started working in the home on [redacted]/21. Direct care staff person E did not receive the first day orientation training in any of the required topics under 2600.65(a).

Direct care staff person's F Started working in the home on [redacted]/21. Direct care staff person F did not receive the first day orientation training in any of the required topics under 2600.65(a).

Plan of Correction

Accept

The administrator has done a mandatory training with all current staff, the new hire orientation was completed as if the staff were all new hired employees.

Moving forward the administrator will ensure that all new hires, 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:

DIRECTED Within 15 calendar days of receipt of the accepted plan of correction: The administrator shall review all new hire records to ensure the required training in accordance with regulation 2600.65(a) has been completed.7/27/22 JK

65b - Rights/Abuse 40 Hours

Completion Date: 2/25/22 Licensee's Proposed Date of Implementation

7/27/22 JK

Not Implemented

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:

Description of Violation

Direct care staff person A started working in the home on [redacted]/21. Direct staff person A did not receive the orientation training within the first 40 work hours in any of the required topics under 2600.65(b).

Direct care staff person E started working in the home on [redacted]/21. Direct care staff person E did not receive orientation within the first 40 work hours in any of the required topics in accordance with 2600.65(b).

Direct care staff person F started working in the home on [redacted]/21. Direct care staff person F did not receive orientation within the first 40 work hours in any of the required topics in accordance with 2600.65(b).

Plan of Correction

Accept

The administrator has done a mandatory training with all current staff, the new hire orientation was completed as if the staff were all new hires.

Moving forward the administrator will ensure that all new hires, within the first 40 hours, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in all the required topics under 2600.65(b)

Moving forward, the Administrator will ensure all new hires be provided orientation within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an

65b - Rights/Abuse 40 Hours (continued)

orientation with all required topics in accordance with 2600.65(b)

DIRECTED Within 15 calendar days of receipt of the accepted plan of correction: The administrator shall review all new hire records to ensure the required training in accordance with regulation 2600.65(b) has been completed.

85a - Sanitary Conditions

Completion Date: 2/25/22 Licensee's Proposed Date of Implementation

7/27/22 JK

Not Implemented

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 2/15/22 and 2/16/22, the following unsanitary conditions were observed in bedroom # [REDACTED] and the private bathroom, to include:

- The white tile floor very dirty with food particles and crumbs, dirt, dust and large dark from a wet substance that dried and dirt covering over them, that goes into the private bathroom. Old empty food wrappers all over the floor and paper debris.
- There were approximately 3 or 4 cigarette butts on the floor.
- There was a serving tray with the remains from breakfast, empty Styrofoam bowl, plastic ware. A stack of clothing to right of the door had a bowl with dried food with a spoon.
- Observed spots of a brownish substance, that appear to be feces, over the floor, walls, and other objects.
- The right side of door frame at bottom has a brown substance that appears to be feces measuring approximately 1 1/2" in diameter.
- The wheeled bedside table at bottom of bed, there are multiple food items, open/unopened, used plasticware and a wooden fork/spoon both with dried food over them. There were two live gnats observed on the fork, two used drinking containers that had not been cleaned out. The one is coated with a purplish colored substance inside. Two blue [REDACTED] with a yellowish/orangish colored residue inside and around the mouth with no lids. The one [REDACTED] was almost full of approximately 1000ml of urine, the resident reported using at approximately 4:00 a.m. and at 10:56 a.m. had yet to be emptied.
- On the floor under the wheeled bedside table was a lunchmeat sandwich partially opened in cellophane, a package of croutons, the black dome lid to the trash can on the base by the food. On the floor next to the trash can was a bag of five oranges rotting, an empty snack size bag of Utz Cheese Balls, food particles and liquid spillage.
- The private bathroom had feces on the hot water handle and on the floor in several areas of the private bathroom.

On 2/16/22, at 12:15 p.m., the following unsanitary conditions were found in the common bathroom off the small lounge areas of (Wing #1) green hall.

- There was a layer of dirt/dust approximately 1/4" thick on the slats and between the slats of the exhaust vent in the ceiling.
- There was a brown spatter inside the bowl of the sink, that appeared to be feces.
- There was a heavy concentration of a brown substance that appeared to be feces, spattered over the inside of the toilet bowl and on the underside of the toilet seat and towards the back lip of seat.

On 2/16/22, at approximately 1:52 p.m. the following unsanitary conditions were found in the [REDACTED] bathroom shared with room # [REDACTED]:

- There was a soiled brief with feces on the floor next to the trash can.
- There was a roll of toilet paper that appeared to have a dried brown liquid substance on multiple areas of the edge side of the roll, on the top of a three-drawer plastic bin.

85a - Sanitary Conditions (continued)

On 2/16/22, at approximately 2:50 p.m., the following unsanitary conditions were found in the [REDACTED] bathroom shared with room # [REDACTED]. Interviews indicated the bathroom was last cleaned approximately a week ago.

- There are used white towels that appear soiled with a brown substance on top of the paper towel holder, on top of the 3-drawer plastic bin under the paper towel holder and on the floor by the bin are white towels and wash clothes that are blackish/grey in color and an unlabeled blue hairbrush laying on the towels.
- Several areas of the floor have feces over it, behind the toilet, in front and around the toilet area.
- The toilet bowl has heavy concentration of fecal spatter above the water line and on the toilet seat.
- The sink has a heavy concentration of hair all over the sink.

Plan of Correction

Resident #2 whom resided in Room # [REDACTED] was very aggressive towards staff, [REDACTED] did not permit staff in [REDACTED] room to clean. When staff would attempt to clean the room Resident #2 would verbally abuse the staff attempting to clean, [REDACTED] would throw items at them, scream and use profanity. Resident #2 would not adhere to the house rules of having no food, snacks or drinks in the room. *Resident #2 was re-assessed properly by [REDACTED] Staff C, and relocated to a [REDACTED]. Room #2 and the private bath have been stripped and cleaned.

The common bathroom off the small lounge areas of (Wing #1) green hall.

- The layer of dirt/dust approximately ¼" thick on the slats and between the slats of the exhaust vent in the ceiling have been cleaned.
- The brown spatter inside the bowl of the sink, that appeared to be feces have been cleaned.
- The heavy concentration of a brown substance that appeared to be feces, spattered over the inside of the toilet bowl and on the underside of the toilet seat and towards the back lip of seat have been cleaned.

Plan of Correction**Directed**

Resident #2 was reassessed properly by [REDACTED] and moved to [REDACTED]. Bathroom has been striped and cleaned. Bathrooms will be checked by all 3 shifts daily. Bathrooms will be cleaned by daylight and second shift daily and clean as needed moving forward. All sinks toilets and floors will be cleaned and sanitized.

DIRECTED

Within 5 calendar days of receipt of the accepted plan of correction: The administrator or designated staff person shall correct each violation cited under the regulation which has not already been corrected. 5/31/22 JK

Within 5 calendar days of receipt of the accepted plan of correction: The administrator or designated staff person shall implement the use of positive interventions with the resident to maintain compliance with regulation 2600.85(a). 5/31/22 JK

Within 15 calendar days of receipt of the accepted plan of correction: The administrator or designated staff person shall educate all staff persons on the requirements of regulation 2600.85(a). Documentation of education shall be kept. 5/31/22 JK

Within 5 calendar days of receipt of the accepted plan of correction: The administrator or designated staff person

85a - Sanitary Conditions (continued)

shall audit the home daily to ensure compliance with regulation 2600.85(a). Documentation of audits shall be kept.
5/31/22 JK

Completion Date: 05/25/2022 Licensee's Proposed Date for POC Implementation

7/27/22 JK
Not Implemented

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

On 2/16/22, at approximately 11:20 a.m., there was no lid on the large trash can next to the microwave in the alcove at the dining room. The trash can was 1/2 full of trash/food and the lid was laying over top of the microwave.

On 2/16/22 at approximately 12:15 p.m., there was no lid on the large black trash can in the shower room/hair salon in the (Wing #3) red hallway. The can was approximately half full of trash, to include soiled brief, shampoo bottle, Styrofoam cups, gauze, and band aide.

On 2/25/22 at approximately 9:20 a.m., there was no lid on the trash can next to the microwave in the alcove by the dining room. The trash can was approximately 3/4's full of disposable plates, cups and food.

Plan of Correction

There is now a lid on the large trash can next to the microwave in the alcove at the dining room.

A new trash can with a lid is now lid in the shower room/hair salon in the (Wing #3) red hallway.

There is now a lid on the large trash can next to the microwave in the alcove at the dining room.

The Administrator will ensure that the trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Plan of Correction

Accept

All trash cans have lids. All trash cans will be checked daily by administrator or designee to ensure that protocol is being followed. Administrator or designee shall correct any problems that are found immeidiatly.

Completion Date: 05/25/2022 Licensee's Proposed Date for POC Implementation

7/27/22 JK
Not Implemented

88a - Surfaces**1. Requirements**

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On 2/16/22, at approximately 11:56 a.m., there was water covering the entire basement floor from the two floor drains that keep backing up. The water was puddled in some areas.

On 2/25/22, at approximately 10:35 a.m., the basement floor was covered in water that had puddled in multiple areas, to include at the bottom of the step. The water was approximately 1" deep on the floor by the steps.

Plan of Correction

Accept

Roto-Rooter came to service the drains on 02/28/2022 (See attached invoice)

88a - Surfaces (continued)

The basement is a locked area that the residents do not have access to. The administrator will check daily to ensure floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Completion Date: 02/28/2022 Licensee's Proposed Date for POC Implementation

7/27/22 JK
Not Implemented

89b - Hot Water Temperature

1. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 2/16/22 10:45 a.m., the hot water temperature at the sink in the private bathroom of room #403 (Wing #4 Mauve Hall) measured 152.4 degrees Fahrenheit.

On 2/16/22 at 11:30 a.m., the hot water temperature at the sink in dining room measured 151.9 degrees Fahrenheit.

On 2/16/22 at 12:35 p.m., the hot water temperature at the sink in the common bathroom off the small lounge area in (Wing #1) green hall measured 129.4 degrees Fahrenheit.

[REDACTED] VIOLATION WITHDRAWN 2/27/22 JK

[REDACTED] VIOLATION WITHDRAWN 2/27/22 JK

Plan of Correction

The hot water temperature at the sink in the private bathroom of room #403 (Wing #4 Mauve Hall) measured 97.2 degrees Fahrenheit.

The hot water temperature at the sink in dining room measured 108.8 degrees Fahrenheit.

The hot water temperature at the sink in the common bathroom off the small lounge area in (Wing #1) green hall measured 116.7 degrees Fahrenheit

[REDACTED]

The administrator has a daily temp log for water temp testing. Any issues with the rise and fall of water temperatures will be addressed accordingly. The administrator will ensure the hot water temperature in areas accessible to the resident may not exceed 120°F.

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

7/27/22 JK
Not Implemented

100a - Exterior - Free of Hazards

1. Requirements

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

100a - Exterior - Free of Hazards (continued)

Description of Violation

On 2/15/22, the cover to the electrical box is missing exposing the wiring on the bottom right side of the arbor at the entrance to the walk. The opening measures approximately 15" by 15".

Plan of Correction

Directed

The wires have been removed from the arbor box. See attached

The administrator will ensure that the exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Directed: Within 15 days of receipt of the accepted plan of correction: the administrator shall audit the building grounds weekly. 3/8/22 JK

Completion Date: 03/02/2022 Licensee's Proposed Date for POC Implementation

7/27/22 JK implemented

101j3 - Bed/Linens/Pillows/Blankets

1. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 3. Pillows, bed linens and blankets that are clean and in good repair.

Description of Violation

On 2/16/22, Resident #2's bed (bedroom # [redacted]) had black/gray residue on the white fitted sheet.

Plan of Correction

The administrator ordered new fitted sheets to replace all stained sheets in the facility.

Moving forward the administrator will ensure each resident shall have the following in the bedroom:

- 3. Pillows, bed linens and blankets that are clean and in good repair

Plan of Correction

Directed

Administrator has ordered all new sheets and they have been dispersed to the residents in bedroom # [redacted].

Administrator or designee shall check all bed linens, pillows and blankets once per week to ensure that they are in good repair. Any that are found not to be shall be thrown away.

DIRECTED

Within 15 calendar days of receipt of the accepted plan of correction: The administrator or designated staff person shall educate all staff persons on the requirements of regulation 2600/101(j)(3). Documentation of education shall be kept. 5/31/22 JK

Completion Date: 05/25/2022 Licensee's Proposed Date for POC Implementation

7/27/22 JK Not Implemented

103e - Left Overs

1. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

On 2/16/22, at approximately 11:05 a.m., there was a Ziploc bag containing muffins on the tiled shelf in the kitchen, that was not dated.

103e - Left Overs (continued)

Plan of Correction

Staff in-service and training was held Wednesday April 5, 2022.

[REDACTED], Staff C is currently certified in ServSafe foodservice safety manager.

[REDACTED], Staff C is registered to attend DHS191 Foodservice and Safety in PC Group on May 23, 2022

Administrator will ensure that the Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Plan of Correction

Directed

Adminsitrator or designee shall check the kitchen weekly for a period of 3 months to ensure that all food that is stored has the proper dates and labels

DIRECTED

Within 15 calendar days of receipt of the accepted plan of correction: The administrator or designated staff person shall educate all staff persons on the requirements of regulation 2600.103(e). Documentation of education shall be kept. 5/31/22 JK

Completion Date: 05/25/2022 Licensee's Proposed Date for POC Implementation 7/27/22 JK Not Implemented

103g - Storing Food

1. Requirements

- 2600.
- 103.g. Food shall be stored in closed or sealed containers.

Description of Violation

On 2/16/22 at approximately 11:05 a.m., there was food that was open and unsealed on the tiled wall ledge in the kitchen, to include: A full loaf of wheat bread, a half loaf of wheat bread and a bag with seven rolls.

On 2/16/22, at approximately 11:00 a.m., the following food was open and unsealed in the pantry, to include: two bags of 19-ounce Gordon Choice Barbecued Chips and a 48-ounce bag of Gordon Choice Seasoned Breadcrumbs, approximately 1/4 full.

Plan of Correction

Staff in-service and training was held Wednesday April 5, 2022.

[REDACTED] Staff C is currently certified in ServSafe foodservice safety manager.

[REDACTED], Staff C is registered to attend DHS191 Foodservice and Safety in PC Group on May 23, 2022

The administrator will ensure that all Food shall be stored in closed or sealed. containers.

Plan of Correction

Directed

Adminsitrator or designee shall check the kitchen weekly for a period of 3 months to ensure that all food that is stored has the proper dates and labels

DIRECTED

Within 15 calendar days of receipt of the accepted plan of correction: The administrator or designated staff person shall educate all staff persons on the requirements of regulation 2600.103(g). Documentation of education shall be kept. 5/31/22 JK

Completion Date: 05/25/2022 Licensee's Proposed Date for POC Implementation 7/27/22 JK Not Implemented

105f - Labeling/Return of Clothes

1. Requirements

2600.

105.f. Measures shall be implemented to ensure that residents' clothing are not lost or misplaced during laundering or cleaning. The resident's clean clothing shall be returned to the resident within 24 hours after laundering

Description of Violation

Staff and resident interviews indicated laundry does not get back to the residents and at times residents get other resident's clothing. Resident #1 indicated missing multiple items, to include three new sweatshirts and a pair of slipper socks with fur around the top that were never returned.

Plan of Correction

Staff meeting was held on April 5, 2022. Staff was educated on proper and timely washing and returning of resident clothing.

Non-Iron laundry lables were purchased to be able to lable clothing that is too dark for the regular markers to be used.

The administrator will ensure measures shall be implemented to ensure that residents' clothing are not lost or misplaced during laundering or cleaning. The resident's clean clothing shall be returned to the resident within 24 hours after laundering

Plan of Correction

Directed

Administrator or designee shall ensure that all clothing is returned to residents within a 24 time period.

Administrator or designee shall to weekly checks to ensure that this practice is followed.

Within 15 calendar days of receipt of the accepted plan of correction: The administrator or designated staff person shall educate all staff persons on the requirements of regulation 2600.105(f). Documentation of education shall be kept. 5/31/22 JK

Completion Date: 05/25/2022 Licensee's Proposed Date for POC Implementation 7/27/22 JK Not Implemented

127a - Portable Space Heaters

1. Requirements

2600.

127.a. Portable space heaters are prohibited.

Description of Violation

On 2/16/22, at approximately 2:18 p.m. there was a small black portable electric space heater in the back-left side of the sunroom by the recliners. The space heater was plugged in to an electrical outlet.

On 2/24/22, at approximately 10:41 a.m., there was a small black portable electric space heater in the back-left side of the sunroom by the recliners. The space heater was plugged in to an electrical outlet. Resident interviews indicated the portable heater was last used during the evening of Wednesday, 2/23/22 and only used some of the time.

On 2/24/22, at approximately 10:45 a.m., there was a large black portable space heater in the back-left corner of the storage room.

On 2/24/22 there were two portable electric space heaters present in the administrator's office.

The home has approximately 15 portable electric space heaters units stored on shelves in the garage adjacent to the

127a - Portable Space Heaters (continued)

emergency exit door in (Wing #4) mauve hall of the home.

Plan of Correction

All space heaters have been collected and removed from licensed area.

The administrator will go over the rules to staff and residents of the safety risk of using space heaters.

Plan of Correction**Directed**

All portable space heaters have been removed from the property.

Administrator and/or designee will check the home weekly to ensure no residents, family or staff bring space heaters in.

DIRECTED

Within 15 calendar days of receipt of the accepted plan of correction the administrator shall educate all staff persons on the requirements of regulation 2600.127(a). Documentation of education shall be kept. 5/31/22 JK

Completion Date: 05/25/2022 Licensee's Proposed Date for POC Implementation

7/27/22 JK
Not Implemented

132a - Monthly Fire Drill**1. Requirements**

2600.
132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

The home has not conducted an unannounced fire drill in the months of December 2021 or January 2022.

Plan of Correction

The administrator conducted unannounced fire drills as follows:

2/28/22 8:15am

3/07/22 3:07pm

4/08/22 7:30am

5/06/22 3:45am

Plan of Correction**Directed**

Administrator will hold an unannounced fire drill monthly. Documentation of each fire drill shall be kept. A calendar has been created to track when drills and inspections are due.

DIRECTED

Within 5 calendar days of receipt of the accepted plan of correction: The administrator shall audit the fire drill record monthly to ensure compliance with regulation 2600.132(b). 5/31/22 JK

Completion Date: 05/25/2022 Licensee's Proposed Date for POC Implementation

7/27/22 JK
Implemented

132b - Safety Inspection/Fire Drill**1. Requirements**

- 2600.

132b - Safety Inspection/Fire Drill (continued)

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 fire drill conducted by a fire safety expert since 1/6/21.

Plan of Correction

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.

Fire safety Inspection and Supervised Drill Completed 3/7/2022 by Slickville VFD Fire Chief

Administrator will ensure annual inspections and trainig is completed on a timeframe.

Plan of Correction

Accept

Administrator shall ensure that a fire drill and inspection be done yearly. Documentation of this shall be provided.

Completion Date: 05/25/2022 Licensee's Proposed Date for POC Implementation

7/27/22 JK
Implemented

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 current medical evaluation, dated [redacted] /21, does not include a diagnosis [redacted] that was indicated on the prescreening evaluation, dated [redacted] /2020 and the initial medical evaluation, dated [redacted] /2020.

Plan of Correction

Accept

Resident #2 no longer resides at the facility, [redacted] was placed [redacted].

The administrator and administrative assistant will review all medical evaluations against records to ensure all diagnosis are included.

The administrator will enure all medical evaluations are done annually, on time and that all diagnoses get transfered with each revision.

Completion Date: 03/23/2022 Licensee's Proposed Date for POC Implementation

7/27/22 JK
Not Implemented

162e - Menu Changes

1. Requirements

2600.

162.e. A change to a menu shall be posted in a conspicuous and public place in the home and shall be accessible to a resident in advance of the meal. Meal substitutions shall be made in accordance with § 2600.161 (relating to nutritional adequacy).

Description of Violation

On 2/16/22, at 11:00 a.m., the menu indicated chili, salad, corn bread and pineapple chunks were being served for lunch. However, the home was serving chicken salad sandwich, California Blend vegetables, fresh strawberries or peaches. No advanced notice was provided to the residents of the menu changes nor were the changes posted.

162e - Menu Changes (continued)

Plan of Correction

A menu board has been placed outside the kitchen for residents to see the daily menu with any change or substitutions that were made.

The administrator and cooks will ensure Any change to a menu shall be posted in a conspicuous and public place in the home and shall be accessible to a resident in advance of the meal.

Plan of Correction

Directed

Administrator shall ensure that any changes made to menu's are posted timely to make the residents aware of the changes in advance of the meal. Administrator will ensure that these are posted in a conspicuous and public place.

DIRECTED

Within 5 calendar days of receipt of the accepted plan of correction: The administrator or designated staff person shall audit the posted menus daily to ensure any changes in the menu are posted in accordance with regulation 2600.162(e) 5/31/22 JK.

Within 15 calendar days of receipt of the accepted plan of correction: The administrator or designated staff person shall educate all staff persons on the requirements of regulation 2600.162(e). Documentation of education shall be kept. 5/31/22 JK

Completion Date: 05/25/2022 Licensee's Proposed Date for POC Implementation

7/27/22 JK
Implemented

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 Clotrimazole 1% Topical cream- apply topically to affected area of skin twice daily. (8:00 a.m. and 8:00 p.m.). However, the medication was not administered as prescribed on the following dates/times, to include:

- On 2/5/22 at 8:00 a.m.
- On 2/6/22 at 8:00 a.m.
- On 2/11/22 at 8:00 a.m.
- On 2/15/22 at 8:00 a.m.
- On 2/17/22 at 8:00 a.m.
- On 2/18/22 at 8:00 a.m.
- On 2/19/22 at 8:00 a.m.
- On 2/20/22 at 8:00 a.m.
- On 2/23/22 at 8:00 a.m.
- On 2/5/22 at 8:00 p.m.
- On 2/15/22 at 8:00 p.m.

Plan of Correction

All medication techs attended a mandatory staff in-service training to review DHS Medication Administration, Passing Medications The Right Way.

187d - Follow Prescriber's Orders (continued)

Plan of Correction

Directed

All medication techs have attended mandatory staff training to review DHS medication administration passing meds. Administrator shall right an incident report for the error. The Administrator shall perform random checks of the EMAR to ensure that the perscriber's orders are being followed. An incident report was completed and sent to the department as part of this plan of correction

DIRECTED

Within 5 Calendar days of receipt of the accepted plan of correction: The administrator shall conduct a weekly (for 4 weeks) medication administration observation for each staff person qualified to administer medications to ensure the home's procedures for medication administration are being followed. 5/31/22 JK

Completion Date: 05/25/2022 Licensee's Proposed Date for POC Implementation

7/27/22 JK Not Implemented

227c - Support Plan Revision

1. Requirements

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

Resident # 1's support plan dated [redacted]/21, indicates the resident is a full total assist of staff for all transfers, toileting/incontinence care, and hygiene care. The support plan indicates the resident will be showered twice weekly AM & PM care will be provided by staff. Full assistance when transferring by staff to ensure complete safety and toileting assistance for all hygienic practices personal [redacted] care will be provided by staff daily with each and every episode of incontinence. The resident is identified as a [redacted] and would need physical assistance to evacuate in event of an emergency, if in bed. But once in wheelchair can evacuate independently. However, the support plan does not address the resident requires the assist of 2 staff persons for all transfers, toileting, incontinence care and showers. However, interviews indicated the resident had a health declined and now requires the assist of 3 staff persons for all transfers, toileting and showers. The support plan was not updated to address the medical decline, the resident requiring 3 staff persons for all transfers, showers and toileting. Also does not address the frequency for incontinence checks being done throughout the day/evening.

The support plan for resident #3, does not address the frequency of supervision and incontinence needs of the resident. The support plan only indicates, regular checks throughout the day will be done.

The support plan, dated [redacted]/21, for resident #7 under Summary and Determination, indicates the resident receives home health services for RN/PT/OT and that the resident wears a back brace for past back issues and a foot brace for feet issues. However, the support plan does not indicate the frequency of the PT/OT services being provided and does not address if the resident is able to independently put on the braces or needs assistance with putting on or the frequency and duration of wearing the back and foot braces.

The support plan, dated [redacted]/21, for resident #10 indicates the staff will provide regular checks throughout the day. However, the support plan was not updated to indicate how the home will meet the supervision needs, and the frequency of the regular checks to ensure the residents safety. Staff interviews indicate the resident has left the building on multiple occasions with the most recent being approximately a month ago, in January. On [redacted]/22, at approximately 2:30 p.m., the agent of the Department, observed resident #10, walking down the back driveway unsupervised, with not coat, socks

227c - Support Plan Revision (continued)

or shoes on. The temperature was approximately 37 degrees Fahrenheit. The alarms on the doors were inoperable on 2/15/22 – 2/17/22 and 2/23/22 – 2/25/22.

REPEAT VIOLATION 7/21/21**Plan of Correction**

Resident 1 support plan has been updated to indicate [REDACTED] care needs.

Resident 3 no longer resides at the facility

Resident 7 support plan has been updated to indicate [REDACTED] care needs.

Resident 10 support plan has been updated to indicate [REDACTED] care needs. The batteries in the door alarms have been changed.

The administrator will ensure The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Plan of Correction**Directed**

All support plans have been checked by administrator and designee for two sets of reviews. The administrator and designee will review 3 support plans per month on a regular basis to ensure they stay up to date on all care needs. A calender has been created to track when support plans are coming due

DIRECTED

Within 15 calendar days of receipt of the accepted plan of correction: The administrator or designated staff person shall audit all newly completed resident support plans for accuracy and completeness. 5/31/22 JK

Completion Date: 05/25/2022 **Licensee's Proposed Date for POC Implementation**

7/27/22 JK
Not Implemented

15a - Resident Abuse Report**1. Requirements**

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [REDACTED]/22 at approximately 2:00 p.m., direct care staff person B, reported hearing a lot of commotion and a loud [REDACTED] voice coming from the [REDACTED] hall and went to investigate. Direct care staff person B witnessed direct care staff person A in resident #3's bedroom yelling and swearing at the resident, "This is [REDACTED] should have gotten up and used the bathroom, and This is [REDACTED] up". Direct care staff person A continued to yell and swear at the resident "this is [REDACTED] are completely soaked through, [REDACTED] should have gotten up, I have to leave". The resident was still in bedclothes that were urine soaked and the bed linens were also urine soaked. Direct care staff person A continued to yell while taking resident #3 into the bathroom to change the resident's adult brief and clothing. When direct staff person A brought resident #3 out of the bathroom the resident was crying and kept apologizing, saying, "I'm sorry".

Direct care staff person B specifically asked direct care staff person A if the resident got up today and had eaten. Direct

15a - Resident Abuse Report (continued)

care staff person A replied, "No, resident #3 wouldn't get up and eat in bed all day and no one brought in a tray". Direct care staff person B, reported leaving the room and went to report the incident to staff person C, [REDACTED] at approximately 2:10 p.m. Shortly after a family member of resident #3 arrived at the resident's room and found the resident in [REDACTED] wheelchair crying saying, "I'm sorry, I'm so embarrassed." The home did not report the abuse to the local Area Agency on Aging.

REPEAT VIOLATION 9/2/2020

Plan of Correction

This allegation was made to PA Area on Aging, whom came out to investigate the complaint. This is the first time Staff person C, [REDACTED] was made aware of the allegation. Direct care staff person B never spoke to staff C of this incident. The investigator from PA Area on Aging found the complaint unsubstantiated, therefore the administrator did not suspend or place Staff A on supervision.

Upon completion of PA Department of Human Services Licensing inspection, the inspector informed staff C that the staff with alleged abuse should be placed on suspension or supervision until after the department completes its investigation, as they are separate from Area on Aging. Upon the exit interview and completion of the inspection, Staff A was placed on progressive supervision for 60 days beginning [REDACTED] 2022, and ending on [REDACTED] /2022. All staffing schedules were adjusted to reflect the supervision.

In addition to staff A 60 days of progressive supervision, all staff will be required to attend mandatory training on Abuse and Neglect Provided by PA Adult Protective Services, scheduled for May 11, 2022 and "Sensitivity, dignity and respect" provided by Monarch Hospice on May 25, 2022.

Moving forward the Administrator / home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Plan of Correction

Directed

The administrator will interview 3 residents per week for 3 months, then monthly after if no new allegations are made. The interviews will be private and any claims of abuse will be reported to Area on Aging and the department.

DIRECTED

Within 1 calendar day of receipt of the accepted plan of correction: The administrator or designated staff person shall audit all allegations of abuse to ensure any allegations of abuse are reported in accordance with regulation 2600.15(a). 5/31/22 JK

Within 30 calendar days of receipt of the accepted plan of correction: All staff persons shall be educated on abuse prevention and reporting conducted by an outside agency approved by the Department. Documentation of education shall be kept. 5/31/22 JK

Completion Date: 05/25/2022 Licensee's Proposed Date for POC Implementation 7/27/22 JK

Not Implemented

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).

16c - Written Incident Report (continued)

Description of Violation

On [REDACTED]/22 at approximately 2:00 p.m., direct care staff person B, reported hearing a lot of commotion and a loud [REDACTED] voice coming from the [REDACTED] hall and went to investigate. Direct care staff person B witnessed direct care staff person A in resident #3's bedroom yelling and swearing at the resident, "This is [REDACTED] should have gotten up and used the bathroom, and This is [REDACTED] up". Direct care staff person A continued to yell and swear at the resident "this is [REDACTED] are completely soaked through, [REDACTED] should have gotten up, I have to leave". The resident was still in bedclothes that were urine soaked and the bed linens were also urine soaked. Direct care staff person A continued to yell while taking resident #3 into the bathroom to change the resident's adult brief and clothing. When direct staff person A brought resident #3 out of the bathroom the resident was crying and kept apologizing, saying, "I'm sorry".

Direct care staff person B specifically asked direct care staff person A if the resident got up today and had eaten. Direct care staff person A replied, "No, resident #3 wouldn't get up and land aid in bed all day and no one brought in a tray". Direct care staff person B, reported leaving the room and went to report the incident to staff person C, [REDACTED], at approximately 2:10 p.m. Shortly after a family member of resident #3 arrived at the resident's room and found the resident in [REDACTED] wheelchair crying saying, "I'm sorry, I'm so embarrassed." However, the home did not report the abuse to the Department

On 2/4/22, protective services was in the home to investigate an allegation that resident #1 not receiving showers regularly, not receiving incontinence care frequently, and was missing personal items. However, the home did not submit an incident report to the Department until 2/7/22.

On 2/14/22 Protective services was in the home to investigate the allegation of abuse involving resident #2 and staff person A. However, the home did not submit an incident report to the Department.

On 2/14/22, protective services in the home to investigate a complaint received on [REDACTED]/22. The complaint alleged residents not getting morning care, no incontinence care, issues with food provided and marijuana being smoked in parking lot. However, the home did not submit an incident report to the Department.

REPEAT VIOLATION 9/2/2020**Plan of Correction**

This allegation was made to PA Area on Aging, whom came out to investigate the complaint. This is the first time Staff person C, [REDACTED] was made aware of the allegation. Direct care staff person B never spoke to staff C of this incident. The investigator from PA Area on Aging found the complaint unsubstantiated, therefore the administrator did not know to still report to the department.

Moving forward,

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).

Plan of Correction**Directed**

The administrator will interview 3 residents per week for 3 months, then monthly after if no new allegations are made. The interviews will be private and any claims of abuse will be reported to Area on Aging and the department.

DIRECTED

16c - Written Incident Report (continued)

Within 1 calendar day of receipt of the accepted plan of correction: The administrator designated staff person shall audit all reportable incidents and conditions to ensure any reportable incidents and conditions are reported in accordance with regulation 2600. 16(c). 5/31/22 JK

Within 15 calendar days of receipt of the accepted plan of correction: The administrator or designated staff person shall educate all staff persons on the requirements of regulation 2600.16(c). Documentation of education shall be kept. 5/31/22 JK

Completion Date: 05/25/2022 **Licensee's Proposed Date for POC Implementation**

7/27/22 JK

Not Implemented

42b - Abuse**1. Requirements**

2600.

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

Description of Violation

On [REDACTED] 22 at approximately 2:00 p.m., direct care staff person B, reported hearing a lot of commotion and a loud [REDACTED] voice coming from the [REDACTED] hall and went to investigate. Direct care staff person B witnessed direct care staff person A in resident #3's bedroom yelling and swearing at the resident, "This is [REDACTED] should have gotten up and used the bathroom, and This is [REDACTED] up". Direct care staff person A continued to yell and swear at the resident "this is [REDACTED] are completely soaked through, [REDACTED] should have gotten up, I have to leave". The resident was still in bedclothes that were urine soaked and the bed linens were also urine soaked. Direct care staff person A continued to yell while taking resident #3 into the bathroom to change the resident's adult brief and clothing. When direct staff person A brought resident #3 out of the bathroom the resident was crying and kept apologizing, saying, "I'm sorry".

Direct care staff person B specifically asked direct care staff person A if the resident got up today and had eaten. Direct care staff person A replied, "No, resident #3 wouldn't get up and land aid in bed all day and no one brought in a tray". Direct care staff person B, reported leaving the room and went to report the incident to staff person C, [REDACTED], at approximately 2:10 p.m. Shortly after a family member of resident #3 arrived at the resident's room and found the resident in [REDACTED] wheelchair crying saying, "I'm sorry, I'm so embarrassed."

REPEAT VIOLATION 9/2/2020

Plan of Correction

Facility Disputes this Violation.

This allegation was made to PA Area on Aging, whom came out to investigate the complaint. Only in the initial complaint to the Area on Aging it was said that Staff A and Staff C were in the car in the parking lot smoking marijuana. The Area on Aging investigated, and Staff C permitted them to search and smell [REDACTED] vehicle. This is the first time Staff person C, [REDACTED] was made aware of the allegation. Direct care staff person B never spoke to staff C of any part of this incident. The Area on Aging did not substantiate this allegation.

There has been multiple issues of conflict between Staff A and B. Staff B has made accusations against Staff A in attempt to have [REDACTED] terminated, all accusations have been dismissed and found to be untrue.

Attached you will find copies of Staff Person A and Staff Person B time cards and the staff schedule. You will see that Staff A was scheduled a split double shift (6a-2p / 10p-6a / 6a/2p) on [REDACTED] /22 into [REDACTED] /22. As the time card shows Staff A clocked out at 2pm on [REDACTED] 22, Staff person B clocked in at 2p, therefore there was not time for the above statement to have happened. In addition Staff C provided transportation home for staff A and can confirm that both

42b - Abuse (continued)

Staff A and Staff C left the facility at 2pm, (Staff D was scheduled until 3pm and can confirm that Staff A and C left at 2pm) Additional information to note: Staff B was scheduled a double 2p-10p / 10p-6a on [REDACTED]/22, but left [REDACTED] shift at 9:30pm without notifying administration, then quit [REDACTED] position at the facility with no notice.

Upon completion of PA Department of Human Services Licensing inspection, the inspector informed staff C that the staff with alleged abuse should be placed on suspension or supervision until after the department completes its investigation, as they are separate from Area on Aging. Upon the exit interview and completion of the inspection, Staff A was placed on progressive supervision for 60 days beginning [REDACTED]/2022, and ending on [REDACTED]/2022. All staffing schedules were adjusted to reflect the supervision.

In addition to staff A 60 days of progressive supervision, all staff will be required to attend mandatory training on Abuse and Neglect Provided by PA Adult Protective Services, scheduled for May 11, 2022 and "Sensitivity, dignity and respect" provided by Monarch Hospice on May 25, 2022.

Plan of Correction**Accept**

The administrator will interview 3 residents per week for 3 months, then monthly after if no new allegations are made. The interviews will be private and any claims of abuse will be reported to Area on Aging and the department.

Completion Date: 05/25/2022**Licensee's Proposed Date for POC Implementation**7/27/22-JK
Not Implemented**92 - Windows****1. Requirements**

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

On 2/16/22, the middle window of the three windows facing the back driveway in room #412 (the office) does not have a screen.

On 2/16/22, there was no screen in the small window on the left emergency exit door in the hallway between Wing #3 (red) and #4 (mauve).

On 2/16/22, the screen to the window in the large shower room by room #415, was leaning against the wall below the window. The screen was in disrepair and had a tear in the upper right corner that was fraying. The tear measured approximately 7 ½" by 3".

REPEAT VIOLATION 1/20/21**Plan of Correction**

All screens have been replaced.

92 - Windows (continued)

Moving forward, The administrator will ensure that all Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Plan of Correction**Accept**

the administrator or designee will check all windows weekly to ensure they are in good repair. Any window, screen or door needing repair will be done so immediately and documentation will be kept

Completion Date: 05/25/2022 Licensee's Proposed Date for POC Implementation

7/27/22 JK
Implemented

95 - Furniture and Equipment

1. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On 2/16/22, at approximately 3:00 p.m., the rectangular wall light fixture on the wall in the blue hallway (Wing #2) is in disrepair. A large piece of the white plastic cover in the front and side is missing, measuring in front approximately 4" by 2 1/2" and on the right side 3" by 3 1/2".

On 2/16/22, at 3:05 p.m., there is a steady stream of cold water running from the sink faucet in the [REDACTED] bathroom shared with room #206. The water could not be shut off.

On 2/16/22, the rattan chair on the covered patio is broken and in disrepair. The back of the chair pulled off base, and right arm broken from the front frame

Plan of Correction

Blue Hall Wing 2 is closed for renovations after a water line break.

Water valve replaced on [REDACTED] bathroom shared with 206

The rattan chair has been removed from the property

Plan of Correction
DIRECTED

Directed

Within 15 calendar days of receipt of the accepted plan of correction: The administrator or designated staff person shall audit the home and grounds to ensure compliance with regulation 2600.95. 5/31/22 JK

Within 15 calendar days of receipt of the accepted plan of correction: The administrator or designated person shall repair or replace the rectangular wall light fixture in the Blue hallway (wing #2). 5/31/22 JK

Within 15 calendar days of receipt of the accepted plan of correction: The administrator or designated staff person shall educate all staff persons on the requirements of regulation 2600.95. Documentation of education shall be kept. 5/31/22 JK

Completion Date: 05/25/2022 Licensee's Proposed Date for POC Implementation

7/27/22 JK
Not Implemented

102i - Soap Dispenser

1. Requirements

102i - Soap Dispenser (continued)

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

On 2/16/22, at approximately 12:15 p.m., there was no dispenser of soap to wash hands at or near the sink in the shower room/hair salon (Wing #3) red hall.

On 2/16//22, at approximately 1:52 p.m., there was no dispenser of soap to wash hands at or near the sink in the [redacted] bathroom shared with bedroom #409.

On 2/16/22, at approximately 2:50 p.m., there was no soap to wash hands in the two soap dispensers at or near the sink in the [redacted] bathroom shared with bedroom #201.

Plan of Correction

There is now a dispenser of soap to wash hands at or near the sink in the shower room/hair salon (Wing #3) red hall.

There is now a dispenser of soap to wash hands at or near the sink in the [redacted] bathroom shared with bedroom #409. (Mauve Hall)

Blue Hall is closed for renovation when remodel is complete there will be a dispenser of soap to wash hands at the sink in the [redacted] bathroom shared with bedroom #201, Blue Hall.

Plan of Correction

Directed

administrator or designee will do weekly walkthroughs of all facility bathrooms to ensure there are filled soap dispensers in all bathrooms

DIRECTED

Within 15 calendar days of receipt of the accepted plan of correction: The administrator or designated staff person shall educate all staff persons on the requirements of regulation 2600.102(i). Documentation of education shall be kept. 5/31/22 JK

Completion Date: 05/25/2022 Licensee's Proposed Date for POC Implementation

7/27/22 JK
Not Implemented

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

141a 1-10 Medical Evaluation Information (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. 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 medical evaluation, dated [REDACTED]/21, for resident #7, does not include Body positioning/Movement and section (4) Special Health or Dietary needs, these sections are blank. The Medication addendum indicates "See attached" however, nothing was attached, and it is blank.

The medical evaluation, dated 5/3/21 for resident #10, does not indicate if resident does/does not have Special health or dietary needs. The section is blank.

REPEAT VIOLATION 3/10/2020**Plan of Correction**

Resident 7 medical evaluation has been updated by the doctor and the medication addendum has been attached.

Resident 10 medical evaluation has been updated by the doctor and no sections are blank.

Administrator will ensure that each 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:

A general physical examination by a physician, physician's assistant or nurse practitioner.

Medical diagnosis including physical or mental disabilities of the resident, if any.

Medical information pertinent to diagnosis and treatment in case of an emergency.

Special health or dietary needs of the resident.

Allergies.

Immunization history.

Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.

Body positioning and movement stimulation for residents, if appropriate.

Health status.

Mobility assessment, updated annually or at the Department's request.

Plan of Correction**Directed**

All medical evaluations have been checked by administrator and designee for two sets of reviews. The administrator and designee will review 3 medical evaluations per month on a regular basis to ensure they stay up to date on all care needs. A calender has been created to track when support plans are coming due

141a 1-10 Medical Evaluation Information (continued)

DIRECTED

Within 15 calendar days of receipt of the accepted plan of correction: The administrator or designated staff person shall audit all newly completed medical evaluation forms for accuracy and completeness. 5/31/22 JK

Completion Date: 05/23/2022 Licensee's Proposed Date for POC Implementation

7/27/22 JK

Not Implemented

183b - Meds and Syringes Locked

1. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On 2/15/22, there was an unlabeled tube of Calmoseptine moisture barrier ointment, was unlocked, unattended and accessible on the wheeled bedside table in resident #2's bedroom # [REDACTED].

REPEAT VIOLATION 10/31/19, 1/20/21

Plan of Correction

All medication techs attended a mandatory staff in-service training on April 5, 2022 to review DHS Medication Administration, Passing Medications The Right Way.

Plan of Correction**Directed**

administrator, train the trainer will do observations with trained staff monthly for 3 months, then every six months thereafter. A calendar reminder is set up to ensure observations get done within the time frames.

DIRECTED

Within 15 calendar days of receipt of the accepted plan of correction: The administrator or designated staff person shall conduct a weekly audit of the home to ensure compliance with regulation 2600.183(b). 5/31/22 JK

Within 15 calendar days of receipt of the accepted plan of correction: The administrator or designated staff person shall educate all staff persons on the requirements of regulation 2600.183(b). 5/31/22 JK

Completion Date: 05/23/2022 Licensee's Proposed Date for POC Implementation

7/27/22 JK

Not Implemented

185a - Implement Storage Procedures

1. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

On 2/24/22, at approximately 11:00 a.m., there were two loose white pills on the floor on the right side of the door frame inside resident #9's bedroom (# [REDACTED]). The medication was identified as, Magnesium Oxide 250 mg tablet- take one tablet one time a day for vitamin deficiency and prescribed for resident #9.

On 2/23/22, resident #11's glucometer was not set to the correct time indicating a time of 10:29 p.m. on 2/23. The actual time was 1:14 p.m. on 2/23.

185a - Implement Storage Procedures (continued)

Plan of Correction

All medication techs attended a mandatory staff in-service training on April 5, 2022 to review DHS Medication Administration, Passing Medications The Right Way.

Plan of Correction

Directed

administrator, train the trainer will do observations with trained staff monthly for 3 months, then every six months thereafter. A calendar reminder is set up to ensure observations get done within the time frames.

DIRECTED

Within 5 calendar days of receipt of the accepted plan of correction: The administrator or designated staff person shall conduct a weekly audit of all resident glucometers to ensure all glucometers are set to the correct date and time. 5/31/22 JK

Within 15 Calendar days of receipt of the accepted plan of correction: The administrator or designated staff person shall conduct a monthly audit of all medications and all resident MARs to ensure the safe storage, access, security, distribution and use of medications. 5/31/22 JK

Completion Date: 05/26/2022 Licensee's Proposed Date for POC Implementation

7/27/22 JK Not Implemented

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 #2 is prescribed Clotrimazole 1% Topical cream- apply topically to affected area of skin twice daily (8:00 a.m. and 8:00 p.m.). On the following dates and times, 2/5/22, 2/6/22, 2/11/22, 2/15/20, 2/17/20 through 2/20/22 and 2/23/22 at 8:00 a.m. and 2/5/22 and 2/15/22 at 8:00 p.m., the resident's February 2022 MAR was initialed by staff person D as administering the medication. However, direct care staff person D admitted not administering the medication on the days/times indicated.

REPEAT VIOLATION 4/1/21

Plan of Correction

All medication techs attended a mandatory staff in-service training on April 5, 2022 to review DHS Medication Administration, Passing Medications The Right Way.

Plan of Correction

Accept

administrator, train the trainer will do observations with trained staff monthly for 3 months, then every six months thereafter. A calendar reminder is set up to ensure observations get done within the time frames.

Completion Date: 05/26/2022 Licensee's Proposed Date for POC Implementation

7/27/22 JK Not Implemented

225a - Assessment 15 Days

1. Requirements

2600.

225a - Assessment 15 Days (continued)

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 #7’s initial assessment, dated [redacted]/21, indicates the resident receives Home Health services for RN/PT/OT. However, the formal supports do not include the name of the agency, contact number or the frequency of services provided. The assessment under medical diagnosis does not include, [redacted] as indicated in the resident’s medical evaluation, dated [redacted]/21.

REPEAT VIOLATION 10/31/19, 3/10/20, 4/1/21

Plan of Correction

Resident 7 assessment has been updated to include all formal supports and agency contact numbers.

The administrator will ensure that each 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.

Plan of Correction

Directed

All assessments have been checked by administrator and designee for two sets of reviews. The administrator and designee will review 3 assessments per month on a regular basis to ensure they stay up to date on all care needs. A calendar has been created to track when support plans are coming due

DIRECTED

Within 15 calendar days of receipt of the accepted plan of correction: The administrator or designated staff person shall audit all newly completed resident assessments for accuracy and completeness. 5/31/22 JK

Completion Date: 05/23/2022 Licensee’s Proposed Date for POC Implementation

7/27/22 JK
Not Implemented

225c - Additional Assessment

1. Requirements

2600.

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

- 1. Annually.

Description of Violation

Resident #2’s assessment, dated [redacted]/21, does include the diagnosis of [redacted] [redacted] The resident’s assessment for mobility needs indicates the resident requires moderate physical or oral assistance to evacuate in an emergency. However, the resident is currently non- weight bearing and requires the assist of staff persons x3 for all transfers. The assessment indicates the resident has minimal issues with irritability and no issues with judgement, agitation, and aggression. However, the resident habitually refuses showers and incontinence care. Interviews and observations of the resident, indicate with some judgement issues around safe and sanitary conditions with self and room, assistance with toileting/personal hygiene and transferring and becomes agitated and often verbally aggressive when staff attempt to assist with personal hygiene, toileting, all incontinence care, transfers and medical needs.

225c - Additional Assessment (continued)

Repeat 9/2/20, 4/16/21, 7/21/21

Plan of Correction

Resident 2 no longer resides in the facility.

The administrator will ensure that each The resident shall have additional assessments as follows:

1.

Annually.

Plan of Correction

Directed

All assessments have been checked by administrator and designee for two sets of reviews. The administrator and designee will review 3 assessments per month on a regular basis to ensure they stay up to date on all care needs. A calender has been created to track when support plans are coming due

DIRECTED

Within 15 calendar days of receipt of the accepted plan of correction: The administrator or designated staff person shall audit all newly completed resident assessments for accuracy and completeness. 5/31/22 JK

Completion Date: 05/23/2022 Licensee's Proposed Date for POC Implementation

7/27/22 JK

Not Implemented