

Department of Human Services
Bureau of Human Service Licensing

September 1, 2022

[REDACTED]

MASONIC VILLAGES OF THE GRAND LODGE OF PENNSYLVANIA
ONE MASONIC DRIVE
ELIZABETHTOWN, PA, 17022

RE: MASONIC VILLAGE AT
ELIZABETHTOWN
ONE MASONIC DRIVE
ELIZABETHTOWN, PA, 17022
LICENSE/COC#: 33008

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/01/2022, 03/02/2022, 03/01/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *MASONIC VILLAGE AT ELIZABETHTOWN* License #: *33008* License Expiration: *01/01/2023*
Address: *ONE MASONIC DRIVE, ELIZABETHTOWN, PA 17022*
County: *LANCASTER* Region: *CENTRAL*

Administrator

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

Legal Entity

Name: *MASONIC VILLAGES OF THE GRAND LODGE OF PENNSYLVANIA*
Address: *ONE MASONIC DRIVE, ELIZABETHTOWN, PA, 17022*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *10/03/2016* Issued By: *West Donegal Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *121* Waking Staff: *91*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *03/02/2022*

Inspection Dates and Department Representative

03/01/2022 - On-Site [REDACTED]
03/02/2022 - On-Site [REDACTED]
03/01/2022 - Off-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *135* Residents Served: *121*

Secured Dementia Care Unit

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

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *5* Are 60 Years of Age or Older: *121*
Diagnosed with Mental Illness: *6* Diagnosed with Intellectual Disability: *6*
Have Mobility Need: *0* Have Physical Disability: *2*

Inspections / Reviews

03/01/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/25/2022*

Inspections / Reviews (*continued*)

05/25/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/02/2022*

08/16/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *08/23/2022*

09/01/2022 - Document Submission

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

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

As per the home's documentation, on [redacted] Resident 1 disclosed to staff that a [redacted] touched Resident 1 [redacted] Resident 1 is quoted as telling staff Resident 1 does not want to [redacted] residents.

The home did not immediately, or otherwise, report the 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)

On [redacted] the home learned of [redacted] of Resident 1 by another resident. The home did not report the susp [redacted] se of a resident serve [redacted] ance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707)

Plan of Correction

Accept

Administrator and Manager of Nursing Services reviewed 2600.15a on April 19, 2022.

4/21/22 All llicensed nursing staff have been educated at staff meeting or 1:1 time 4/26/22 All CNA staff have been educated at staff meeting or 1:1 time Regarding the intention of 2600..15 regarding abuse events and the expected process to follow. Staff have been instructed to immediately notify the Administrator, Manager of Nursing Services or Nursing Supervisor to report suspected abuse 24/7 and to utilize the On Call schedule during off shifts.

Administrator or Manager of Nursing Services will then follow reporting process in accordance with the Older Adult Protective Services Act and PA Code. Reports will be submitted within 24 hours of notification of abuse being reported. Administrator will be responsible for the ongoing monitoring of abuse events as part of the Personal Care Quality Improvement Plan and monthly dashboard with an effective date of June 1. 2022 and each month following. Administrator will be responsible for the ongoing monitoring of abuse events as part of the Personal Care Quality Improvement Plan and monthly dashboard with an effective date of June 1. 2022 and each month following.

Completion Date: 06/09/2022

Document Submission

Implemented

Administrator and Manager of Nursing Services reviewed 2600.15a on April 19, 2022.

4/21/22 All llicensed nursing staff have been educated at staff meeting or 1:1 time 4/26/22 All CNA staff have been educated at staff meeting or 1:1 time Regarding the intention of 2600..15 regarding abuse events and the expected process to follow. Staff have been instructed to immediately notify the Administrator, Manager of Nursing Services or Nursing Supervisor to report suspected abuse 24/7 and to utilize the On Call schedule during off shifts.

Administrator or Manager of Nursing Services will then follow reporting process in accordance with the Older Adult

15a - Resident Abuse Report (continued)

Protective Services Act and PA Code. Reports will be submitted within 24 hours of notification of abuse being reported. Administrator will be responsible for the ongoing monitoring of abuse events as part of the Personal Care Quality Improvement Plan and monthly dashboard with an effective date of June 1, 2022 and each month following. Administrator will be responsible for the ongoing monitoring of abuse events as part of the Personal Care Quality Improvement Plan and monthly dashboard with an effective date of June 1, 2022 and each month following.

9/1 Implementation of plan of correction completed and ongoing monitoring

16c - Written Incident Report

1. Requirements

2600.

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

Description of Violation

As per the home's documentation, on [redacted] Resident 1 disclosed to staff that a [redacted] Resident 1 [redacted] Resident 1 is quoted as telling staff Resident 1 does not want to engage in [redacted] [redacted] e home did not immediately, or otherwise, report the incidence of suspected abuse of a resident served in the home 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.

On [redacted] the home learned of [redacted] of Resident 1 by another Resident. The home did not report the incident 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.

Plan of Correction

Accept

Administrator and Manager of Nursing Services reviewed 2600.15a on April 19, 2022.
4/21/22 - All licensed nursing staff have been educated at staff meeting or on a 1:1
4/26/22 All CNA have been educated at staff meeting or on a 1:1 regarding the intention of 2600..15 relative to abuse events and the expected process to follow. Staff have been instructed to immediately notify the Administrator, Manager of Nursing Services or Nursing Supervisor to report suspected abuse 24/7 and to utilize the On Call schedule during off shifts. Administrator or Manager of Nursing Services will then follow the DHS reporting process Reports will be submitted (faxed) to the DHS Central Regional office within 24 hours of notification of abuse being reported. Administrator will be responsible for the ongoing monitoring of DHS reportable events as part of the Personal Care Quality Improvement Plan and monthly dashboard with an effective date of June 1, 2022 and each month following.

Completion Date: 06/09/2022

Document Submission

Implemented

Administrator and Manager of Nursing Services reviewed 2600.15a on April 19, 2022.
4/21/22 - All licensed nursing staff have been educated at staff meeting or on a 1:1
4/26/22 All CNA have been educated at staff meeting or on a 1:1 regarding the intention of 2600..15 relative to abuse events and the expected process to follow. Staff have been instructed to immediately notify the Administrator, Manager of Nursing Services or Nursing Supervisor to report suspected abuse 24/7 and to utilize the On Call schedule during off shifts.

16c - Written Incident Report (continued)

Administrator or Manager of Nursing Services will then follow the DHS reporting process Reports will be submitted (faxed) to the DHS Central Regional office within 24 hours of notification of abuse being reported. Administrator will be responsible for the ongoing monitoring of DHS reportable events as part of the Personal Care Quality Improvement Plan and monthly dashboard with an effective date of June 1, 2022 and each month following.

9/1 implementation of plan of correction completed and ongoing monitoring

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 [redacted] a med cart was observed in the common area of the third floor of the home. Staff Person A was observed walking away from the medication cart leaving a computer with resident records unsecured and accessible to anyone who may have cared to accessed it. The medication cart also had a notebook containing the [redacted] of residents whose medications are stored in this medication cart.

Plan of Correction

Accept

Administrator sent an e-mail on 3/2/22 to all licensed staff regarding the importance of maintaining confidentiality of resident information. Manager of Nursing Services is providing verbal education to all staff regarding confidentiality of resident information and HIPAA. Education will occur at LPN meeting on 4/21/22 and CNA meeting on 4/26/22. Review will include a demonstration on the correct method of closing/locking computer. Education will include that the narcotic notebook must be locked in the medication cart or stored in the locked care base when not being used. An audit will be initiated to assure staff compliance and accountability. Audit schedule will be 1st week daily inspection, 2nd week 3x weekly and then a continuous 1x week audit
Completion Date: 04/25/2022

Document Submission

Implemented

Administrator sent an e-mail on 3/2/22 to all licensed staff regarding the importance of maintaining confidentiality of resident information. Manager of Nursing Services is providing verbal education to all staff regarding confidentiality of resident information and HIPAA. Education will occur at LPN meeting on 4/21/22 and CNA meeting on 4/26/22. Review will include a demonstration on the correct method of closing/locking computer. Education will include that the narcotic notebook must be locked in the medication cart or stored in the locked care base when not being used. An audit will be initiated to assure staff compliance and accountability. Audit schedule will be 1st week daily inspection, 2nd week 3x weekly and then a continuous 1x week audit

9/1 Implementation of the plan of correction is complete and ongoing monitoring

85a - Sanitary Conditions

1. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On [REDACTED] he toilet located in resident bedroo [REDACTED] was found to have multiple smears of dried feces on the seat. There was also a large number of areas inside the bowl covered with wet feces. Staff report the toilet is cleaned once a week, however, as evidenced by the feces accumulation, one cleaning a week is not adequate to keep the toilet sanitary.

Plan of Correction

Accept

Administrator notified Housekeeping of this sanitary condition and the toilet and bathroom area was cleaned on 3/2/22.
Resident's will be notified via an Administrator Note which will be sent on April 25th that if they feel their toilet or bathroom area needs to be cleaned before their scheduled weekly cleaning they are to notify their nurse or housekeeper.
If a resident is found to be having bowel issues causing an excessive unsanitary situation housekeeping will be notified by Administrator to increase cleaning of toilet on a daily basis or more frequently through the day until the situation subsides.
All staff via an e-mail 4/22/22 from the Administrator to increase their awareness of sanitary conditions of resident bathrooms especially toilets when in a resident's room. They are to notify the assigned housekeeper if cleaning is needed.

Completion Date: 04/22/2022

Document Submission

Implemented

Administrator notified Housekeeping of this sanitary condition and the toilet and bathroom area was cleaned on 3/2/22.
Resident's will be notified via an Administrator Note which will be sent on April 25th that if they feel their toilet or bathroom area needs to be cleaned before their scheduled weekly cleaning they are to notify their nurse or housekeeper.
If a resident is found to be having bowel issues causing an excessive unsanitary situation housekeeping will be notified by Administrator to increase cleaning of toilet on a daily basis or more frequently through the day until the situation subsides.
All staff via an e-mail 4/22/22 from the Administrator to increase their awareness of sanitary conditions of resident bathrooms especially toilets when in a resident's room. They are to notify the assigned housekeeper if cleaning is needed.

9/1 Implementation of Plan of Correction completed and ongoing monitoring

103c - Food Protected

1. Requirements

2600.
103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

103c - Food Protected (continued)

Description of Violation

On [redacted] there was a three gallon cardboard container of chocolate ice cream in an ice cream freezer. The cardboard lid of the container had a large rip exposing the contents.

Plan of Correction

Accept

Food Services manager contacted ice cream supplier and received hard plastic covers as of 3/5/22 that are being used in place of the original cardboard lid as of 3/5/22
Dining Room Supervisor and Food Service staff will complete an audit that appropriate protection is correctly in place on the ice cream containers beginning 6/9 (daily inspection), 6/16 (three times weekly) and 6/23 (1x week/ongoing)>

Completion Date: 06/09/2022

Document Submission

Implemented

Food Services manager contacted ice cream supplier and received hard plastic covers as of 3/5/22 that are being used in place of the original cardboard lid as of 3/5/22
Dining Room Supervisor and Food Service staff will complete an audit that appropriate protection is correctly in place on the ice cream containers beginning 6/9 (daily inspection), 6/16 (three times weekly) and 6/23 (1x week/ongoing)

9/1 Implementation of plan of correction complete and ongoing monitoring

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

O [redacted] bottle of [redacted] prescribed for Resident 2 was observed unsecured in the Resident 2's [redacted]

Plan of Correction

Accept

4/21/22 Manager of Nursing Services reviewed Admission process relative to medications and OTC items with nursing staff at staff meeting
4/22/22 Resident, family, POA, etc. are being instructed by Admission Office to bring all medications/OTC on admission and present them to the admitting nurse.
4/22/22 All medications and OTC items are being inventoried at time of admission or transfer.
4/22/22 Education included that a doctor's order is required for self medication of any medication or OTC item as well as the approved medication or OTC item must be kept in a locked container, drawer or the resident's room must be locked at all times.
4/22/22 Staff have been educated to review the above requirement with resident when they begin self administration and to document the conversation.
4/22/22 (ongoing) Staff have been instructed when in a resident's room to look for any medication or OTC items that are unsecured and report findings to Manager of Nursing Services or Nursing Supervisor.
6/1/22 Licensed staff started review of all self-administration orders and inspection of resident rooms to assure compliance.

183b - Meds and Syringes Locked (continued)

Monthly review of self administration orders and inspection of resident rooms will occur and be conducted by licensed staff under the direction of Manager of Nursing Services.

Completion Date: 06/09/2022

Document Submission

Implemented

4/21/22 Manager of Nursing Services reviewed Admission process relative to medications and OTC items with nursing staff at staff meeting

4/22/22 Resident, family, POA, etc. are being instructed by Admission Office to bring all medications/OTC on admission and present them to the admitting nurse.

4/22/22 All medications and OTC items are being inventoried at time of admission or transfer.

4/22/22 Education included that a doctor's order is required for self medication of any medication or OTC item as well as the approved medication or OTC item must be kept in a locked container, drawer or the resident's room must be locked at all times.

4/22/22 Staff have been educated to review the above requirement with resident when they begin self administration and to document the conversation.

4/22/22 (ongoing) Staff have been instructed when in a resident's room to look for any medication or OTC items that are unsecured and report findings to Manager of Nursing Services or Nursing Supervisor.

6/1/22 Licensed staff started review of all self-administration orders and inspection of resident rooms to assure compliance.

Monthly review of self administration orders and inspection of resident rooms will occur and be conducted by licensed staff under the direction of Manager of Nursing Services.

9/1 Implementation of Plan of Correction completed and ongoing monitoring

183d - Prescription Current

1. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 3/2/2022 a bottle of [redacted] prescribed for Resident 2 while Resident 2 was found in the resident's bathroom. The Resident does not have a current order for this medication.

Plan of Correction

Accept

4/21/22 Manager of Nursing Services reviewed Admission process relative to medications and OTC items with nursing staff at staff meeting

183d - Prescription Current (continued)

4/21/22 verbal education that all medications and OTC items must be inventoried at time of admission or transfer. Education included that a current doctor's order is required for resident self medication of any medication or OTC item.

4/22/22 Resident, family, POA, etc. are being instructed by Admission Office that all medications/OTC require an active physician order and approved to self-administer.

4/22/22 All medications and OTC items are being inventoried at time of admission or transfer with a cross reference that a doctor's order is in place.

4/22/22 Education included that a doctor's order is required for self medication of any medication or OTC item as well as the approved medication or OTC item must be kept in a locked container, drawer or the resident's room must be locked at all times.

4/22/22 (ongoing) Staff have been instructed when in a resident's room to look for any medication or OTC items that they believe do not have an order and report findings to Manager of Nursing Services or Nursing Supervisor.

6/1/22 Licensed staff started review of all self-administration orders and inspection of resident rooms to assure compliance.

Monthly review of self administration orders, inspection of resident rooms for medications that will then be compared to existing physician orders will occur and be conducted by licensed staff under the direction of Manager of Nursing Services.

Completion Date: 06/09/2022

Document Submission

Implemented

4/21/22 Manager of Nursing Services reviewed Admission process relative to medications and OTC items with nursing staff at staff meeting

4/21/22 verbal education that all medications and OTC items must be inventoried at time of admission or transfer. Education included that a current doctor's order is required for resident self medication of any medication or OTC item.

4/22/22 Resident, family, POA, etc. are being instructed by Admission Office that all medications/OTC require an active physician order and approved to self-administer.

4/22/22 All medications and OTC items are being inventoried at time of admission or transfer with a cross reference that a doctor's order is in place.

4/22/22 Education included that a doctor's order is required for self medication of any medication or OTC item as well as the approved medication or OTC item must be kept in a locked container, drawer or the resident's room must be locked at all times.

4/22/22 (ongoing) Staff have been instructed when in a resident's room to look for any medication or OTC items that they believe do not have an order and report findings to Manager of Nursing Services or Nursing Supervisor.

6/1/22 Licensed staff started review of all self-administration orders and inspection of resident rooms to assure compliance.

Monthly review of self administration orders, inspection of resident rooms for medications that will then be compared to existing physician orders will occur and be conducted by licensed staff under the direction of Manager of Nursing Services.

9/1 Implementation of Plan of Correction completed and ongoing monitoring

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

The [redacted] of Resident 2 was programed to read [redacted] when the actual date and time was [redacted]

A reading of [redacted] was recorded on the medication administration record for Resident 2 on [redacted] hen the reading registered on Resident 2's [redacted] was actually [redacted]

Plan of Correction

Accept

Manager of Nursing Services provided verbal education at nursing staff meeting on 4/21/22 regarding the importance of assuring transcription of [redacted] into the MAR are accurate to provide quality care. Inspection/audit of all [redacted] will be done weekly beginning the week of April 25th to assure they are operational and are sh [redacted] e and time.

Completion Date: 04/25/2022

Document Submission

Implemented

Manager of Nursing Services provided verbal education at nursing staff meeting on 4/21/22 regarding the importance of assuring transcription of [redacted] into the MAR are accurate to provide quality care. Inspection/audit of all [redacted] will be done weekly beginning the week of April 25th to assure they are operational and are sh [redacted] e and time.

9/1 Implementation of Plan of Correction completed and ongoing monitoring

187a - Medication Record

1. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

14. Name and initials of the staff person administering the medication.

Description of Violation

Staff of the home report certified nursing assistant staff who are not trained as Medication Technicians sometimes administer [redacted] to Residents. The readings are then provided to trained staff who initial the medication administration record for the resident as if the trained staff administered the [redacted] This is evidence by the [redacted] reading for Resident 4 that was taken by Staff person B a [redacted] but was recorded in the medication administration record by Staff person C as if staff person C adm

Plan of Correction

Accept

Manager of Nursing Services shared at nursing staff meeting on 4/21/22 effective 4/22/22 all [redacted] will be done by either LPN or trained Medication Technicians. Readings will be entered into the M [redacted] the LPN or Medication Technician.

Manager of Nursing Services and Nursing Supervisor will make [redacted] to observe that CNA are no longer administering [redacted] to residents.

Completion Date: 04/22/2022

187a - Medication Record (continued)

Document Submission

Implemented

Manager of Nursing Services shared at nursing staff meeting on 4/21/22 effective 4/22/22 at [redacted] will be done by either LPN or trained Medication Technicians. Readings will be entered into the MAR and initialed by the LPN or Medication Technician.

Manager of Nursing Services and Nursing Supervisor will make [redacted] to observe that CNA are no longer administerin [redacted] to residents.

9/1 Implementation of Plan of Correction completed and ongoing monitoring

190b - Insulin Injections

1. Requirements

2600.

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

Description of Violation

Staff of the home report certified nursing assistant staff who are not trained as Medication Technicians and have sometimes administer [redacted] to Residents. This is evidence by the [redacted] for Resident 4 that was taken by Staff person B at [redacted]

Plan of Correction

Accept

Manager of Nursing Services shared at nursing staff meeting on 4/21/22 effective 4/22/22 [redacted] will be done by either LPN or trained Medication Technicians. Readings will be entered into the MAR and initialed by the LPN or Medication Technician.

Manager of Nursing Services and Nursing Supervisor will make [redacted] to observe that CNA are no longer administering [redacted] to residents.

Completion Date: 0

Document Submission

nted

Manager of Nursing Services shared at nursing staff meeting on 4/21/22 effective 4/22/22 [redacted] will be done by either LPN or trained Medication Technicians. Readings will be entered into the MAR and initialed by the LPN or Medication Technician.

Manager of Nursing Services and Nursing Supervisor will make [redacted] to observe that CNA are no longer administering [redacted] residents.

9/1 Implementation of Plan of Correction completed and ongoing monitoring

225a - Assessment 15 Days

1. Requirements

2600.

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

225a - Assessment 15 Days (continued)

Description of Violation

An assessment was not completed for Resident 5, who was admitted to the home on [redacted]
An assessment was not completed for Resident 6, who was admitted to the home on [redacted]

Plan of Correction

Accept

4/21/22 Manager of Nursing Services and Administrator reviewed with staff who are assigned to complete initial assessment the required time frames of within 15 days of admission.

5/1/22 Manager of Nursing Services, Nursing Supervisor and Administrator will check each admission on day 14 to assure the initial assessment has been completed within 15 day timeframe.

Completion Date: 06/09/2022

Document Submission

Implemented

4/21/22 Manager of Nursing Services and Administrator reviewed with staff who are assigned to complete initial assessment the required time frames of within 15 days of admission.

5/1/22 Manager of Nursing Services, Nursing Supervisor and Administrator will check each admission on day 14 to assure the initial assessment has been completed within 15 day timeframe.

9/1 Implementation of Plan of Correction completed and ongoing monitoring

225c - Additional Assessment

1. Requirements

2600.

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

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

Description of Violation

The current assessment for Resident 1 was completed on [redacted] and has not been updated to include Resident 1's [redacted] [redacted] This assessment lists Resident [redacted] having [redacted] in the home despite [redacted] of Resident 1 [redacted] This is evidenced by documentation of the home's [redacted]

[redacted] Documentation in the Resident's record indicates staff were required to [redacted] on [redacted] The home also administers [redacted] and [redacted] but the assessment does not document [redacted]

The assessment documents the resident [redacted] Staff staff report the Resident is [redacted]

Plan of Correction

Accept

5/1/22 Manager of Nursing Services and Administrator meet with staff who are assigned to complete and update RASP to review what constitutes a significant change that would then require an additional assessment.

225c - Additional Assessment (continued)

5/9 (ongoing) Training is being provided utilizing the DHS RASP 101 The Basics of Completing the Resident Assessment and Support Plan (RASP). Verbal education provided information on the importance of individualizing the RASP specific to behaviors and interventions being put into place as well as providing the reason for the interventions.

4/21/22 and 4/26/22 Manager of Nursing Services provided education to LPN and CNA staff to report residents changes at weekly ID meeting so if needed RASP (additional assessment) would be updated.

6/8/22 Significant change or additional assessment information will be shared at weekly ID meeting so all staff are made aware of the plan of care.

Completion Date: 06/10/2022

Document Submission

Implemented

5/1/22 Manager of Nursing Services and Administrator meet with staff who are assigned to complete and update RASP to review what constitutes a significant change that would then require an additional assessment.

5/9 (ongoing) Training is being provided utilizing the DHS RASP 101 The Basics of Completing the Resident Assessment and Support Plan (RASP). Verbal education provided information on the importance of individualizing the RASP specific to behaviors and interventions being put into place as well as providing the reason for the interventions.

4/21/22 and 4/26/22 Manager of Nursing Services provided education to LPN and CNA staff to report residents changes at weekly ID meeting so if needed RASP (additional assessment) would be updated.

6/8/22 Significant change or additional assessment information will be shared at weekly ID meeting so all staff are made aware of the plan of care.

9/1 Implementation of Plan of Correction completed and ongoing monitoring

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

The resident assessment and support plan dated [redacted] for Resident 2 indicates Resident 2 [redacted]. The resident's assessment was [redacted] dated to assess the resident's current need for staff assistance as evidenced by a [redacted]. Staff report Resident 2 was recently [redacted].

Plan of Correction

Accept

5/1/22 Manager of Nursing Services meet with staff who are assigned to complete and update RASP to review when a revision to the the support plan is required due to a resident's current need and/or level of assistance..

227c - Support Plan Revision (continued)

5/9 Ongoing training will be provided utilizing the DHS RASP 101 The Basics of Completing the Resident Assessment and Support Plan (RASP).

4/21/ 22 Manager of Nursing Services provided education to LPN on the importance and why it is important to report residents changes or situations requiring additional assistance at weekly ID meeting so the support plan reflects real time information.

4/26/22 Manager of Nursing Services provided education to CNA on the importance and why it is important to report residents changes or situations requiring additional assistance at weekly ID meeting so the support plan reflects real time information.

Completion Date: 06/10/2022

Document Submission

Implemented

5/1/22 Manager of Nursing Services meet with staff who are assigned to complete and update RASP to review when a revision to the the support plan is required due to a resident's current need and/or level of assistance..

5/9 Ongoing training will be provided utilizing the DHS RASP 101 The Basics of Completing the Resident Assessment and Support Plan (RASP).

4/21/ 22 Manager of Nursing Services provided education to LPN on the importance and why it is important to report residents changes or situations requiring additional assistance at weekly ID meeting so the support plan reflects real time information.

4/26/22 Manager of Nursing Services provided education to CNA on the importance and why it is important to report residents changes or situations requiring additional assistance at weekly ID meeting so the support plan reflects real time information.

9/1 Implementation of Plan of Correction completed and ongoing monitoring

227d - Support Plan Medical/Dental

1. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The home administer [redacted] This need and the home's plan to meet the resident's ne [redacted] support plan for Resident 8 dated [redacted]

Plan of Correction

Accept

4/21/22 Manager of Nursing Services and Administrator provided education at the nursing staff meetings that the resident's support plan must indicate the medical, dental, vision, hearing, mental health or other behavioral care services or referrals for outside services. Any new diagnosis, medication or treatment need to be shared with the staff assigned to updating the RASP (Support Plan) within established time frame so support plan is real time.

6/1/22 Begin to include in weekly clinical meeting resident changes that will require an assessment and update of

227d - Support Plan Medical/Dental (continued)

support plan.

6/1/22 Manager of Nursing Services and the RASP team will make update and make changes to the Support Plan following the meeting

7/1/22 Monthly audits (10%) of resident Support Plans will be conducted under the supervision of the Manager of Nursing Services and will be part of the Personal Quality Improvement plan.

Completion Date: 06/10/2022

Document Submission

Implemented

4/21/22 Manager of Nursing Services and Administrator provided education at the nursing staff meetings that the resident's support plan must indicate the medical, dental, vision, hearing, mental health or other behavioral care services or referrals for outside services. Any new diagnosis, medication or treatment need to be shared with the staff assigned to updating the RASP (Support Plan) within established time frame so support plan is real time.

6/1/22 Begin to include in weekly clinical meeting resident changes that will require an assessment and update of support plan.

6/1/22 Manager of Nursing Services and the RASP team will make update and make changes to the Support Plan following the meeting

7/1/22 Monthly audits (10%) of resident Support Plans will be conducted under the supervision of the Manager of Nursing Services and will be part of the Personal Quality Improvement plan.

9/1 Implementation of Plan of Correction completed and ongoing monitoring

252 - Record Content

1. Requirements

2600.

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

- 3. A photograph of the resident that is no more than 2 years old.

Description of Violation

The record for Resident 9, admitted [redacted] did not include a photograph of the resident.

Plan of Correction

Accept

3/1/22 A picture of resident #9 was taken by the PC Administrator immediately upon learning from the surveyor his picture was missing. Picture was uploaded by the Unit Assistant to the electronic legal health record on 3/2/22. Surveyor was notified that resident #9 picture was now present as of 3/2/22 prior to the end of the survey.

3/2/22 and ongoing - Administrator or Manger of Nursing Services will take resident photo on day of admission. Photo will be sent to Unit Assistant to upload to medical record.

Unit Assistant receives a monthly report of residents who are due to have a new photo uploaded to medical record. Unit Assistant will notify Administrator of resident names who in turn will take the resident photo and send to Unit Assistant to upload to resident's medical record.

Completion Date: 06/10/2022

Document Submission

Implemented

3/1/22 A picture of resident #9 was taken by the PC Administrator immediately upon learning from the surveyor his picture was missing. Picture was uploaded by the Unit Assistant to the electronic legal health record on 3/2/22. Surveyor was notified that resident #9 picture was now present as of 3/2/22 prior to the end of the survey.

252 - Record Content (continued)

3/2/22 and ongoing - Administrator or Manger of Nursing Services will take resident photo on day of admission.

Photo will be sent to Unit Assistant to upload to medical record.

Unit Assistant receives a monthly report of residents who are due to have a new photo uploaded to medical record.

Unit Assistant will notify Administrator of resident names who in turn will take the resident photo and send to Unit Assistant to upload to resident's medical record.

9/1 Implementation of Plan of Correction completed and ongoing monitoring