Department of Human Services
Bureau of Human Service Licensing

June 7, 2022

[redacted], EXECUTIVE DIRECTOR
[redacted]

RE: LEHIGH COMMONS
1680 SPRING CREEK ROAD
MACUNGIE, PA, 18062
LICENSE/COC#: 22205

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/08/2022, 03/09/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[redacted]
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing

LICENSING INSPECTION SUMMARY

Facility Information

Name: *LEHIGH COMMONS* **License #:** *22205* **License Expiration:** *03/16/2023*

Address: *1680 SPRING CREEK ROAD, MACUNGIE, PA 18062*

County: *LEHIGH* **Region:** *NORTHEAST*

Administrator

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

Legal Entity

Name: *1680 SPRING CREEK ROAD OPERATIONS LLC*

Address: *1680 SPRING CREEK ROAD, MACUNGIE, PA, 18062*

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

Certificate(s) of Occupancy

Type: *C-2 LP* **Date:** *10/09/1997* **Issued By:** *L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff:** *99* **Waking Staff:** *74*

Inspection Information

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

Reason: *Renewal* **Exit Conference Date:** *03/09/2022*

Inspection Dates and Department Representative

03/08/2022 - On-Site: [redacted]

03/09/2022 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *80* **Residents Served:** *70*

Secured Dementia Care Unit

In Home: *Yes* **Area:** *0* **Capacity:** *14* **Residents Served:** *13*

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older:** *70*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability:** *0*

Have Mobility Need: *29* **Have Physical Disability:** *0*

Inspections / Reviews

03/08/2022 - Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *05/13/2022*

05/17/2022 - POC Submission

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *05/24/2022*

05/27/2022 - POC Submission

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *05/31/2022*

06/01/2022 - POC Submission

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

06/07/2022 - Document Submission

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

25b - Contract Signatures

1. Requirements

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

Description of Violation

Resident #1, contract date [redacted], Resident #2 and #3, contract date [redacted], Resident # 4, contract date [redacted], and Resident #5, contract date [redacted], did not sign their contracts.

Plan of Correction ***Do Not Accept***

All contracts are being audited for resident signatures. If residents did not sign families/POA is notified and the attached form is filled out attached to contract and contract is then signed by the resident

Completion Date: *06/01/2022*

Update: *05/17/2022*

Who is responsible for fixing the problem and what did they do to fix it?
What action that person will take, and when that action will happen - (date).
Who will monitor ongoing compliance?
5-17-2022 MM

Plan of Correction ***Accept***

The admission director and the business office are responsible to audit all contracts that are currently in the facility. To determine if the resident had signed them. If the resident had not the admission director would then contact the family to notify them that the contract should have been signed by the resident. The resident will then be asked to sign the contract and the attached paper will be added to the contract stating that the family was notified of the error and that the family member will be signing the contract. Also to make surveyors in the future aware of the error and the correction. Going forward all new contracts,the admission director will have them signed upon admission and the business office manager will audit them for signatures to assure they are done correctly.
5-17-2022 MM

Completion Date: *05/23/2022*

Update: *05/27/2022*

Document Submission ***Implemented***

The admission director and the business office are responsible to audit all contracts that are currently in the facility. To determine if the resident had signed them. If the resident had not the admission director would then contact the family to notify them that the contract should have been signed by the resident. The resident will then be asked to sign the contract and the attached paper will be added to the contract stating that the family was notified of the error and that the family member will be signing the contract. Also to make surveyors in the future aware of the error and the correction. Going forward all new contracts,the admission director will have them signed upon admission and the business office manager will audit them for signatures to assure they are done correctly.
5-17-2022 MM

65a - FS Orientation 1st Day

1. Requirements

2600.

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

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

Staff A, whose first day of work was [redacted], did not receive orientation on evacuation procedures, staff duties & responsibilities, designated meeting place outside/interior fire safe areas, smoking safety procedures/policies, location & use of fire extinguishers, smoke detectors & fire alarms, and telephone use and notification of emergency services.

Plan of Correction ***Do Not Accept***

Attached you will find the first day orientation documentation that is now being used on all employee's when begining st the facility

Completion Date: *05/11/2022*

Update: *05/17/2022*

Who is responsible for fixing the problem and what did they do to fix it?
What action that person will take, and when that action will happen - (date).
Who will monitor ongoing compliance?
5-17-2022 MM

Plan of Correction ***Accept***

Who is responsible for fixing the problem and what did they do to fix it?
What action that person will take, and when that action will happen - (date).
Who will monitor ongoing compliance?
5-17-2022 MMIt is the scheduling managers job to run new hire orientation and to coordinate the education orientation and ensure the signing of all documents. After they are completed and checked by the schedular they are then turned over to the business office and they are then audited for completeness. Upon this second inspection only then are they filed into the employee's human resource file. As evidenced by the attached forms all of the necessary documents are covered during the new employee orientation

Completion Date: *05/23/2022*

Update: *05/27/2022*

The administrator shall ensure ongoing compliance. 5-27-2022 MM

Document Submission ***Implemented***

Who is responsible for fixing the problem and what did they do to fix it?
What action that person will take, and when that action will happen - (date).
Who will monitor ongoing compliance?
5-17-2022 MMIt is the scheduling managers job to run new hire orientation and to coordinate the education orientation and ensure the signing of all documents. After they are completed and checked by the schedular they are then turned over to the business office and they are then audited for completeness. Upon this second inspection only then are they filed into the employee's human resource file. As evidenced by the attached forms all of the necessary documents are covered during the new employee orientation

65b - Rights/Abuse 40 Hours

1. Requirements

2600.

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

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

Staff A, whose completed their first 40 hours of work on [redacted]. However Staff A did not complete training on resident rights, emergency medical plan, mandatory reporting of abuse – OAPSA, and reporting reportable incidents and conditions.

Plan of Correction ***Do Not Accept***

Attached you will find the orientation that is used for all employee's not only the first day but also the orientation for days 1-3 which is comprehensive and covers for all required areas mentioned in survey. This is documents used going forward.

Completion Date: *05/11/2022*

Update: *05/17/2022*

Who is responsible for fixing the problem and what did they do to fix it?
What action that person will take, and when that action will happen - (date).
Who will monitor ongoing compliance?
5-17-2022 MM

Plan of Correction ***Accept***

Who is responsible for fixing the problem and what did they do to fix it?
What action that person will take, and when that action will happen - (date).
Who will monitor ongoing compliance?
5-17-2022 MM Once again the scheduling manager is responsible for coordinating the new hire orientation. As you can see from the attached document the necessary subjects are covered. This is enacted immediatly. After orientation is completed the business office will review all the paperwork to ensure it is all completed properly. Only after assuring completeness is it then added to the employee file. These files are kept in the business/HR office.

Completion Date: *05/23/2022*

Update: *05/27/2022*

The administrator shall ensure ongoing compliance. 5-27-2022 MM

Document Submission ***Implemented***

Who is responsible for fixing the problem and what did they do to fix it?
What action that person will take, and when that action will happen - (date).
Who will monitor ongoing compliance?
5-17-2022 MM Once again the scheduling manager is responsible for coordinating the new hire orientation. As you can see from the attached document the necessary subjects are covered. This is enacted immediatly. After orientation is completed the business office will review all the paperwork to ensure it is all completed properly. Only after assuring completeness is it then added to the employee file. These files are kept in the business/HR office.

91 - Telephone Numbers

1. Requirements

2600.

91 - Telephone Numbers *(continued)*

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in room 103.

Plan of Correction ***Do Not Accept***

Emergency phone numbers are being framed and attached to the wall of all rooms so that regardless of type of phone resident has all the numbers are available

Completion Date: *05/27/2022*

Update: *05/17/2022*

Who is responsible for fixing the problem and what did they do to fix it?
What action that person will take, and when that action will happen - (date).
Who will monitor ongoing compliance?
5-17-2022 MM

Plan of Correction ***Accept***

Who is responsible for fixing the problem and what did they do to fix it?
What action that person will take, and when that action will happen - (date).
Who will monitor ongoing compliance?
5-17-2022 MM Frames have been purchased and the maintenance department is afixing to the inside of every apartment in the facility the emergency numbers so that they are accesable to all residents regardless of their type of phone. Upon completion of this work the Executive director will walk the building to certify that all rooms are complete. Then the admission director upon final inspection of apartments before every move in will ensure they are in place. Please see attachment for photo

Completion Date: *05/23/2022*

Document Submission ***Implemented***

Who is responsible for fixing the problem and what did they do to fix it?
What action that person will take, and when that action will happen - (date).
Who will monitor ongoing compliance?
5-17-2022 MM Frames have been purchased and the maintenance department is afixing to the inside of every apartment in the facility the emergency numbers so that they are accesable to all residents regardless of their type of phone. Upon completion of this work the Executive director will walk the building to certify that all rooms are complete. Then the admission director upon final inspection of apartments before every move in will ensure they are in place. Please see attachment for photo

101j7 - Lighting/Operable Lamp

1. Requirements

2600.
101.j. Each resident shall have the following in the bedroom:
7. An operable lamp or other source of lighting that can be turned on at bedside.

101j7 - Lighting/Operable Lamp *(continued)*

Description of Violation

Residents in rooms 254, 138, and 100 did not have a bedside lamp within reach of each residents bed.

Plan of Correction ***Do Not Accept***

LED Lights are being added to all beds in all rooms of facility to ensure that a light is within reach of residents while in bed

Completion Date: *05/27/2022*

Update: *05/17/2022*

Who is responsible for fixing the problem and what did they do to fix it?
What action that person will take, and when that action will happen - (date).
Who will monitor ongoing compliance?
5-17-2022 MM

Plan of Correction ***Accept***

Who is responsible for fixing the problem and what did they do to fix it?
What action that person will take, and when that action will happen - (date).
Who will monitor ongoing compliance?
5-17-2022 MM The maintenance director and his staff will afix an LED light to the headboard of every bed in the facility. This will ensure that a light is always assessable to the resident when in bed. Upon completion of this the Executive Dir. will inspect every room to ensure they are in place. Upon every new admission the admission director while doing final check of the room will ensure that lights are in place. Lights have been added to the quarterly check for replacement of batteries to the matenance Directors quarterly duties

Completion Date: *05/23/2022*

Document Submission ***Implemented***

Who is responsible for fixing the problem and what did they do to fix it?
What action that person will take, and when that action will happen - (date).
Who will monitor ongoing compliance?
5-17-2022 MM The maintenance director and his staff will afix an LED light to the headboard of every bed in the facility. This will ensure that a light is always assessable to the resident when in bed. Upon completion of this the Executive Dir. will inspect every room to ensure they are in place. Upon every new admission the admission director while doing final check of the room will ensure that lights are in place. Lights have been added to the quarterly check for replacement of batteries to the matenance Directors quarterly duties

102h - Toilet Paper

1. Requirements

2600.
102.h. Toilet paper shall be provided for every toilet.

Description of Violation

On 3/9/22 at 1:15pm, there was no toilet paper for the toilet in the bathroom located in room 138.

Plan of Correction ***Do Not Accept***

All staff inserviced

Completion Date: *05/13/2022*

102h - Toilet Paper *(continued)*

Update: *05/17/2022*

Who is responsible for fixing the problem and what did they do to fix it?
What action that person will take, and when that action will happen - (date).
Who will monitor ongoing compliance?
5-17-2022 MM

Plan of Correction ***Accept***

Who is responsible for fixing the problem and what did they do to fix it?
What action that person will take, and when that action will happen - (date).
Who will monitor ongoing compliance?
5-17-2022 MM All staff have been inserviced with the importance of ensuring that there is always a roll of toilet paper in every bathroom. Also all staff have been inserviced with where to obtain toilet paper if it should run out. Toilet paper availability will be monitored by the housekeeping staff as well as the nursing staff.

Completion Date: *05/23/2022*

Update: *05/27/2022*

The administrator shall ensure ongoing compliance. 5-27-2022 MM

Document Submission ***Implemented***

Who is responsible for fixing the problem and what did they do to fix it?
What action that person will take, and when that action will happen - (date).
Who will monitor ongoing compliance?
5-17-2022 MM All staff have been inserviced with the importance of ensuring that there is always a roll of toilet paper in every bathroom. Also all staff have been inserviced with where to obtain toilet paper if it should run out. Toilet paper availability will be monitored by the housekeeping staff as well as the nursing staff.

103i - Outdated Food

1. Requirements

2600.
103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

The walk in freezer located in the kitchen had frozen pizza dough and dinner rolls that were not labeled with a date.

Plan of Correction ***Do Not Accept***

Bi-daily audits are done of the freezer are done by staff checking that all items are labeled and dated.
Completion Date: *05/11/2022*

Update: *05/17/2022*

Who is responsible for fixing the problem and what did they do to fix it?
What action that person will take, and when that action will happen - (date).
Who will monitor ongoing compliance?
5-17-2022 MM

103i - Outdated Food *(continued)*

Plan of Correction ***Accept***

Who is responsible for fixing the problem and what did they do to fix it?
What action that person will take, and when that action will happen - (date).
Who will monitor ongoing compliance?
5-17-2022 MM Bi-daily audits are conducted by the dietary staff in the AM and the PM. Photo's of these logs have been attached to the report. The Dietary manager is responsible to ensure that these daily audits are done and that they are correct.

Completion Date: *05/23/2022*

Document Submission ***Implemented***

Who is responsible for fixing the problem and what did they do to fix it?
What action that person will take, and when that action will happen - (date).
Who will monitor ongoing compliance?
5-17-2022 MM Bi-daily audits are conducted by the dietary staff in the AM and the PM. Photo's of these logs have been attached to the report. The Dietary manager is responsible to ensure that these daily audits are done and that they are correct.

107d - Procedure Emergency Management Agency Submission

1. Requirements

2600.
107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The written emergency procedures were not submitted to the local emergency management agency anually. The last submission to EMA was on 12/16/20.

Plan of Correction ***Do Not Accept***

Letter sent with the local emergency management department
Completion Date: *05/13/2022*

Update: *05/17/2022*

Who is responsible for fixing the problem and what did they do to fix it?
What action that person will take, and when that action will happen - (date).
Who will monitor ongoing compliance?
5-17-2022 MM

Plan of Correction ***Accept***

Who is responsible for fixing the problem and what did they do to fix it?
What action that person will take, and when that action will happen - (date).
Who will monitor ongoing compliance?
5-17-2022 MM Emergency manuals with changes will be mailed to the local emergency management agency and this is verified by the Executive Director or his designee and this will be done by the end of january every year with the new additions.

Completion Date: *05/23/2022*

107d - Procedure Emergency Management Agency Submission *(continued)*

Document Submission ***Implemented***

Who is responsible for fixing the problem and what did they do to fix it?
What action that person will take, and when that action will happen - (date).
Who will monitor ongoing compliance?
5-17-2022 MM Emergency manuals with changes will be mailed to the local emergency management agency and this is verified by the Executive Director or his designee and this will be done by the end of january every year with the new additions.

121a - Unobstructed Egress

1. Requirements

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

Description of Violation

On 3/9/22, at 12:45pm, linens were on the floor blocking egress from the emergency doors in the dining room. The emergency exit located off hallway C1 and Memory care street side would not open without an excessive amount of force, preventing immediate egress in the event of an emergency.

Plan of Correction ***Do Not Accept***

The doors were examined by door specialists and replacement hinges ordered. They will be replaced when they arrive. Staff has been inserviced to never place linens in front of a door.
Completion Date: *05/06/2022*

Update: *05/17/2022*

Who is responsible for fixing the problem and what did they do to fix it?
What action that person will take, and when that action will happen - (date).
Who will monitor ongoing compliance?
5-17-2022 MM

Plan of Correction ***Do Not Accept***

Who is responsible for fixing the problem and what did they do to fix it?
What action that person will take, and when that action will happen - (date).
Who will monitor ongoing compliance?
5-17-2022 MM The hinges have been ordered as per the letter and will be replaced upon arrival. An exact date of the work being done is impossible to give due to the availability of the hinges. When they arrive the maintenance director will oversee the instalation of the hinges.

Completion Date: *05/23/2022*

Update: *05/27/2022*

What is the status of this door? is it operable, unobstructed?
Please send proof of compliance and indicate in you plan who will monitor exit doors throughout the home to ensure ongoing compliance. 5-27-2022 MM

Plan of Correction ***Accept***

Who is responsible for fixing the problem and what did they do to fix it?

121a - Unobstructed Egress (continued)

What action that person will take, and when that action will happen - (date).
Who will monitor ongoing compliance?
5-17-2022 MM The hinges have been ordered as per the letter and will be replaced upon arrival. An exact date of the work being done is impossible to give due to the availability of the hinges. When they arrive the maintenance director will oversee the instalation of the hinges 5/27/2022KP The hinges have arrived this morning 5/27. They are scheduled to be installed and completion of installation will be done by 6/1/2022. Instalation will be overseen by Maintenance director. In the interum the Maintenance director has inspected the doors bi-weekly since the original survey to ensure proper functioning.

Completion Date: *05/27/2022*

Update: *06/01/2022*

The administrator shall ensure ongoing compliance. 6-1-22 MM

Document Submission ***Implemented***

Who is responsible for fixing the problem and what did they do to fix it?
What action that person will take, and when that action will happen - (date).
Who will monitor ongoing compliance?
5-17-2022 MM The hinges have been ordered as per the letter and will be replaced upon arrival. An exact date of the work being done is impossible to give due to the availability of the hinges. When they arrive the maintenance director will oversee the instalation of the hinges 5/27/2022KP The hinges have arrived this morning 5/27. They are scheduled to be installed and completion of installation will be done by 6/1/2022. Instalation will be overseen by Maintenance director. In the interum the Maintenance director has inspected the doors bi-weekly since the original survey to ensure proper functioning.6/3/22 The Hinges have been replaced and the Executive Director has verified this. All doors in the facility will continue to be checked monthly by the Maintenance Director.

225a - Assessment 15 Days

1. Requirements

2600.
225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident # 6's initial assessment was not completed within 15 days of the resident's admission to the home on [redacted]. *The assessment was completed on* [redacted]

Plan of Correction ***Do Not Accept***

All new addmissions are evaluated morning after addmission to determine completness of paperwork from actual addmission from day before. At this time RASP is assigned and completion date is determined. Upon Completion RASP is brought to change of status meeting evaluated for completness and signed.

Completion Date: *05/12/2022*

Update: *05/17/2022*

Who is responsible for fixing the problem and what did they do to fix it?
What action that person will take, and when that action will happen - (date).
Who will monitor ongoing compliance?
5-17-2022 MM

225a - Assessment 15 Days (continued)

Plan of Correction ***Accept***

Who is responsible for fixing the problem and what did they do to fix it?
What action that person will take, and when that action will happen - (date).
Who will monitor ongoing compliance?
5-17-2022 MM The RASP is looked over by the DON the Executive Dir. and signed off. They are inspected for completness, and specificity and discussed at change of status. The DON and or the Memory Director are responsible for the completness of the RASP

Completion Date: *05/23/2022*

Document Submission ***Implemented***

Who is responsible for fixing the problem and what did they do to fix it?
What action that person will take, and when that action will happen - (date).
Who will monitor ongoing compliance?
5-17-2022 MM The RASP is looked over by the DON the Executive Dir. and signed off. They are inspected for completness, and specificity and discussed at change of status. The DON and or the Memory Director are responsible for the completness of the RASP

225c - Additional Assessment

1. Requirements

2600.
225.c. The resident shall have additional assessments as follows:

Description of Violation

Resident #7 last assessment was completed on [redacted] *and the current assessment was also indicating the date the assessment was finalized was* [redacted] *The resident signature is dated* [redacted]

Plan of Correction ***Do Not Accept***

Assessments are evaluated for accuracy and completness upon completion by change of status team. All paperwork is assessed for typographical errors that may have occured.
Completion Date: *05/12/2022*

Update: *05/17/2022*

Who is responsible for fixing the problem and what did they do to fix it?
What action that person will take, and when that action will happen - (date).
Who will monitor ongoing compliance?
5-17-2022 MM

Plan of Correction ***Accept***

Who is responsible for fixing the problem and what did they do to fix it?
What action that person will take, and when that action will happen - (date).
Who will monitor ongoing compliance?
5-17-2022 MM The Director of Nursing and or the charge nurse and or the Menory director are responsible for assigning and ensure completness of these assessments. A master log of assessments has also been compiled.

Completion Date: *05/23/2022*

225c - Additional Assessment *(continued)*

Document Submission ***Implemented***

Who is responsible for fixing the problem and what did they do to fix it?
What action that person will take, and when that action will happen - (date).
Who will monitor ongoing compliance?
5-17-2022 MM The Director of Nursing and or the charge nurse and or the Menory director are responsible for assigning and ensure completness of these assessments. A master log of assessments has also been compiled.

227g -Support Plan Signatures

1. Requirements

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

Description of Violation

Resident #2 participated in the development of the support plan on [redacted]. However, the resident did not sign the support plan.

Plan of Correction ***Do Not Accept***

All support plans are evaluated upon completeness at change of status meetings which now occur daily. The attendance at these meetings is mandatory for the following staff. Director of Nursing, Memory Director, Rehab Director,and charge nurse. At these meetings the completness content and signatures are all evaluated and confirmed.

Completion Date: *05/11/2022*

Update: *05/17/2022*

Who is responsible for fixing the problem and what did they do to fix it?
What action that person will take, and when that action will happen - (date).
Who will monitor ongoing compliance?
5-17-2022 MM

Plan of Correction ***Accept***

Who is responsible for fixing the problem and what did they do to fix it?
What action that person will take, and when that action will happen - (date).
Who will monitor ongoing compliance?
5-17-2022 MM Completed and signed support plans are ensured and the DON is responsible to ensure that these are correctly done and signed by the residents

Completion Date: *05/23/2022*

Update: *05/27/2022*

Document Submission ***Implemented***

Who is responsible for fixing the problem and what did they do to fix it?
What action that person will take, and when that action will happen - (date).
Who will monitor ongoing compliance?
5-17-2022 MM Completed and signed support plans are ensured and the DON is responsible to ensure that these are correctly done and signed by the residents

231b - Medical Evaluation

1. Requirements

2600.
231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

Resident #2 admitted to the Secured Dementia Unit (SDCU) on [redacted] However, the medical evaluation was not completed until [redacted].

Plan of Correction ***Do Not Accept***

The team has been trained with the time fram parameters of the time frame in which these need to be completed by. As you can see by the face sheet and the assessment it was done correctly in this case.

Completion Date: *05/12/2022*

Update: *05/17/2022*

Who is responsible for fixing the problem and what did they do to fix it?
What action that person will take, and when that action will happen - (date).
Who will monitor ongoing compliance?
5-17-2022 MM

Plan of Correction ***Accept***

Who is responsible for fixing the problem and what did they do to fix it?
What action that person will take, and when that action will happen - (date).
Who will monitor ongoing compliance?
5-17-2022 MM The Memory director is responsible for ensuring that the assessment is done in the proper time window around addmission. The DON will oversee this to ensure it is completed.

Completion Date: *05/23/2022*

Document Submission ***Implemented***

Who is responsible for fixing the problem and what did they do to fix it?
What action that person will take, and when that action will happen - (date).
Who will monitor ongoing compliance?
5-17-2022 MM The Memory director is responsible for ensuring that the assessment is done in the proper time window around addmission. The DON will oversee this to ensure it is completed.

231c - Preadmission Screening

1. Requirements

2600.
231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident #4 was admitted to the Secured Dementia Unit on [redacted]. A written cognitive preadmission screening was not completed.

231c - Preadmission Screening *(continued)*

Plan of Correction ***Do Not Accept***

All documentation of pre-admission is reviewed at morning meeting before admission. Final OK of documentation is Given by the either the Resident Care Director or the Executive Dir. We have not had any addmissions since this survey.

Completion Date: *05/13/2022*

Update: *05/17/2022*

Who is responsible for fixing the problem and what did they do to fix it?
What action that person will take, and when that action will happen - (date).
Who will monitor ongoing compliance?
5-17-2022 MM

Plan of Correction ***Accept***

Who is responsible for fixing the problem and what did they do to fix it?
What action that person will take, and when that action will happen - (date).
Who will monitor ongoing compliance?
5-17-2022 MM The DON and or the Executive Dir. will sign off on all preaddmission documentation before addmission to dementia unit to ensure its accuracy and time parameters are meet.

Completion Date: *05/23/2022*

Document Submission ***Implemented***

Who is responsible for fixing the problem and what did they do to fix it?
What action that person will take, and when that action will happen - (date).
Who will monitor ongoing compliance?
5-17-2022 MM The DON and or the Executive Dir. will sign off on all preaddmission documentation before addmission to dementia unit to ensure its accuracy and time parameters are meet.

231e - No Objection Statement

1. Requirements

2600.
231.e. Each resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

Description of Violation

Upon admission to the secured dementia unit, Residents #2, #3, and #4 did not sign the non objection documents to their transfer to the secured dementia unit.

Plan of Correction ***Do Not Accept***

The attached form is now used when a new admission is admitted to the memory unit.

Completion Date: *05/11/2022*

Update: *05/17/2022*

Who is responsible for fixing the problem and what did they do to fix it?
What action that person will take, and when that action will happen - (date).
Who will monitor ongoing compliance?
5-17-2022 MM

231e - No Objection Statement (continued)

Plan of Correction ***Accept***

Who is responsible for fixing the problem and what did they do to fix it?
What action that person will take, and when that action will happen - (date).
Who will monitor ongoing compliance?
5-17-2022 MM Non objection documentation will be ensured by the Executive Director or his designee

Completion Date: *05/23/2022*

Document Submission ***Implemented***

Who is responsible for fixing the problem and what did they do to fix it?
What action that person will take, and when that action will happen - (date).
Who will monitor ongoing compliance?
5-17-2022 MM Non objection documentation will be ensured by the Executive Director or his designee

141a 1-10 Medical Evaluation Information

1. Requirements

2600.
141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #6, most recent medical evaluation was completed on [redacted], Blood pressure and pulse were not provided.
Resident #7, most recent medical evaluation was on [redacted], weight, pulse, and blood pressure was not provided.
Resident # 3's most recent medical evaluation was completed on [redacted], weight was not provided.
repeat violation 11/5/20

Plan of Correction ***Do Not Accept***

A new meeting was added daily it is a change of status meeting. Those mandated to attend are the Director of nursing, Memory Director, Charge Nurse, Director of Rehab. All medical occurances are evaluated as well as events change of status etc. All DME's are checked over by those in attendance for completness and accuracy.
Completion Date: *05/11/2022*

Update: *05/17/2022*

Who is responsible for fixing the problem and what did they do to fix it?
What action that person will take, and when that action will happen - (date).
Who will monitor ongoing compliance?

141a 1-10 Medical Evaluation Information (continued)

5-17-2022 MM

Plan of Correction ***Accept***

Who is responsible for fixing the problem and what did they do to fix it?
What action that person will take, and when that action will happen - (date).
Who will monitor ongoing compliance?
5-17-2022 MMA new meeting was added daily it is a change of status meeting. Those mandated to attend are the Director of nursing, Memory Director, Charge Nurse, Director of Rehab. All medical occurances are evaluated as well as events change of status etc. All DME's are checked over by those in attendance for completness and accuracy. This will be enacted immediatly and will be monitored by the Executive Diretor and or his designee

Completion Date: *05/23/2022*

Document Submission ***Implemented***

Who is responsible for fixing the problem and what did they do to fix it?
What action that person will take, and when that action will happen - (date).
Who will monitor ongoing compliance?
5-17-2022 MMA new meeting was added daily it is a change of status meeting. Those mandated to attend are the Director of nursing, Memory Director, Charge Nurse, Director of Rehab. All medical occurances are evaluated as well as events change of status etc. All DME's are checked over by those in attendance for completness and accuracy. This will be enacted immediatly and will be monitored by the Executive Diretor and or [redacted] designee