

Department of Human Services  
Bureau of Human Service Licensing

May 20, 2022

[REDACTED], EXECUTIVE DIRECTOR  
[REDACTED]  
[REDACTED]  
[REDACTED]

RE: STAIRWAYS  
810 WALNUT STREET  
ERIE, PA, 16502  
LICENSE/COC#: 40759

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 03/08/2022 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,  
[REDACTED]

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services  
Bureau of Human Service Licensing

August 11, 2022

[REDACTED], EXECUTIVE DIRECTOR  
[REDACTED]  
[REDACTED]

RE: STAIRWAYS  
810 WALNUT STREET  
ERIE, PA, 16502  
LICENSE/COC#: 40759

Dear [REDACTED],

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

Sincerely,  
[REDACTED]

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: *STAIRWAYS* License #: *40759* License Expiration: *06/14/2022*  
Address: *810 WALNUT STREET, ERIE, PA 16502*  
County: *ERIE* Region: *WESTERN*

**Administrator**

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

**Legal Entity**

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

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *12/06/1986* Issued By: *Labor and Industry*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *29* Waking Staff: *22*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *03/08/2022*

**Inspection Dates and Department Representative**

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

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *27* Residents Served: *26*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *1*

**Number of Residents Who:**

Receive Supplemental Security Income: *23* Are 60 Years of Age or Older: *13*  
Diagnosed with Mental Illness: *26* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *3* Have Physical Disability: *0*

**Inspections / Reviews**

**03/08/2022 - Full**

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

Inspections / Reviews (*continued*)

04/26/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *05/03/2022*

05/20/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *06/30/2022*

07/07/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *07/11/2022*

08/11/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 26a - Quality Management Plan

### 1. Requirements

2600.

26.a. The home shall establish and implement a quality management plan.

#### Description of Violation

*There is no documentation of the home conducting a quality management meeting in the past year.*

#### Plan of Correction

**Accept**

*The home has had documentation for quality management as recently as October, 2021. Meeting have since been restarted, with meetings completed on 3/16/22 and 4/6/22. Documentation of both meetings are attached.*

*The program supervisor/director will have meeting reminders set in their appointment schedules for each upcoming month.*

*1. Monthly meeting reminders will be created in an Outlook calendar, starting with March 2022. Owner: Director. Completion date: 3/11/22*

*2. A quality management meeting will be held on 3/16/22. Owner: Director. Completion date: 3/16/22*

*3. Ongoing meetings will be held on a monthly basis. Owner: Director. Completion Date: 4/6/22, 5/4/22, and monthly ongoing.*

*4. A licensing checklist will be developed to verify/document meetings are occurring. Checks will be done monthly. Owner: Director. Completion date: 5/6/22*

*5. Any meeting that has not occurred yet during the month will be scheduled immediately. Owner: Director. Completion date: 5/6/22 and monthly thereafter.*

**Completion Date: 05/06/2022**

#### Document Submission

**Implemented**

## 42s - Privacy

### 1. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

#### Description of Violation

*The bathroom door in resident #1's room was warped and bowed, preventing the latch from operating properly and the door from closing.*

#### Plan of Correction

**Accept**

*Our Property Management staff were called the day of our inspection to request the bathroom door be replaced due to the warping.*

*To prevent future occurrences, the checklist used for room checks will now list bathroom doors that are in good repair (latch and lock).*

**42s - Privacy (continued)**

1. Property Management was called the day of the inspection to request the door be replaced. Owner: Director. Completion date: 3/8/22.
2. The resident was discouraged from using this bathroom since the door did not latch. An alternate bathroom was available off the activity room as well as in the first floor hallway. Owner: Director. Completion date: 3/8/22
3. Replace the warped door. Owner: Maintenance Supervisor. Completion date: 4/22/22
4. The room checklist was updated to include the inspection of doors – the door to the room as well as the bathroom door – to ensure they are in good working order. Owner: Director. Completion date: 4/29/22
5. Room checks will be completed on a monthly basis. Any items out of compliance will prompt a maintenance request. Owner: Clinical Care Specialists. Completion date: Starting the month of May (5/16/22) and monthly thereafter.

**Completion Date:** 05/16/2022

**Document Submission**

**Implemented**

**85e - Trash Outside Home****1. Requirements**

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

**Description of Violation**

At 8:55 a.m., the right lid of the green dumpster located at the left rear corner of the home was open, and the dumpster was ½ full of trash.

At 10:00 a.m., there were empty fast food bags and various items of trash on the ground in the graveled area to the right of the home's front entrance.

**Plan of Correction**

**Accept**

There are several companies that use these dumpsters – our personal care home, ██████ Culinary (our food service vendor), and ██████ Property Maintenance (cleaning service). Our Property Management Department would also use these dumpsters. Discussions will be held with all parties involved to review the need to keep all dumpster lids closed when not in use.

A checklist will be created to verify the dumpster lids are closed. Once the checklist has confirmed that we are consistently keeping the lids closed, the checklist will be discontinued.

**85e - Trash Outside Home (continued)**

The ground level gravel area is basically a large "window well" that allows light into some of the lower level resident rooms. The difference in height between the gravel area and the level of the ground is significant enough to have a railing around the area. It is not considered safe to have my staff climbing in and out of this area to clean. Our Maintenance Department did have a community work crew on the grounds the day of the inspection to collect garbage, rake leaves, etc. This work was not completed until the following week since we had a snow storm shortly after the date of inspection.

Our Maintenance Department has been requested to complete this cleaning on a quarterly basis.

**Dumpster Lids**

1. The dumpster lid was closed. Owner: Director. Completion date: 3/9/22

2. A notice was sent out to all staff to educate on the need to keep the dumpster lids closed. Owner: Director. Completion date: 4/11/22

3. All parties using the dumpsters were contacted to request that if they use the dumpsters, they must ensure they are closing the lids. This includes the LTSR, [REDACTED] Culinary Services, [REDACTED] Cleaning Services, and [REDACTED] Property Management. Owner: Director. Completion date: 4/11/22

4. A checklist will be created for staff on first shift and second shift to check daily if the dumpster lids are closed. If the lids are open, they are to be closed. Owner: Director. Completion date: 4/11/22

5. Staff are to initial the dumpster checklist during their shift each day to confirm the lids are closed. Owner: scheduled staff. Completion date: starting 4/11/22

**Graveled Area**

1. There was a community service crew present on site the day of the inspection. This crew cleaned multiple outdoor areas, but did not finish until the following week. Owner: Maintenance Supervisor. Completion date: started 3/8/22, completed 3/14/22

2. The work of the community service crew was inspected and verified as cleaned. Owner: Director. Completion date: 3/15/22

3. Quarterly cleaning reminders will be created in an Outlook calendar. The first reminder date is 6/13/2022. A reminder will prompt a maintenance request to clean the gravel area. Owner: Director. Completion date: 3/15/22

4. Checks will be done quarterly to verify Maintenance cleaned the gravel area. Owner: Clinical Care Specialists. Completion date: 6/30/22 and quarterly thereafter.

**Completion Date:** 06/30/2022

**Document Submission**

**Implemented**

**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.

**Description of Violation**

*At 10:05 a.m., resident #2 did not have access to a source of light that can be turned on/off at bedside. The resident's lamp was approximately 4 feet from the head of his bed.*

*At 10:45 a.m., resident #3 did not have access to a source of light that can be turned off/on at bedside.*

*REPEAT VIOLATION: 3/31/2021 et. al.*

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

*There are end tables and lamps provided at bedside for residents. Some residents have chosen to move their lamps/end tables away from their bedside. Property Management will obtain lighting that will remain fixed in place to ensure residents have a light available if they want to get up at night.*

*This item is already on the room checklist to verify there is a light nearby each bed.*

*1. Resident end tables that hold the lamps were moved back closer to the beds. Owner: Clinical Care Specialists.*

*Completion date: 3/9/22*

*2. Residents were educated on the need to have a light close to their bed for safety reasons. Owner: Clinical Care Specialists. Completion date: 3/9/22*

*3. A maintenance request was completed to explore what type of alternate lighting source could be used next to all residents' beds. Owner: Director. Completion date: 3/9/22*

*4. Maintenance will install some sort of fixed lighting that will not be able to be moved easily. Owner: Maintenance Supervisor. Completion date: 5/27/22*

*5. It was confirmed that our room inspection checklist has content to confirm if there is lighting next to the bed that is in good working order. Owner: Director. Completion date: 3/9/22*

*6. Room checks will be completed monthly using the room inspection checklist. Owner: Clinical Care Specialists. Completion date: 5/27/22 and monthly thereafter.*

*7. Any room items not in compliance with the room inspection checklist will be reported to maintenance to be addressed. Owner: Clinical Care Specialists. Completion date: 5/27/22*

**Completion Date: 05/27/2022**

**Document Submission****Implemented**

*Preliminary testing of a "squeeze" type of rechargeable flashlight were not successful. An LED light with a clamp-style base were purchased. Lamps are attached to bed headboards or end tables next to beds. Each light has controls in the cord that turn the light on/off as well as change the quality of the light.*

102d - Grab/Hand/Assist Bar/Slip-Resistant Surface

1. Requirements

2600.

102.d. Toilet and bath areas must have grab bars, hand rails or assist bars. Bathtubs and showers must have slip-resistant surfaces.

Description of Violation

There were no slip-resistant surfaces on the shower floors in the bathrooms of multiple resident rooms, including rooms A7, B9, and B12.

Plan of Correction

Accept

Property Management will add on-slip material to each resident's shower area.

The room checklist will ensure the non-slip surface is present and in good condition (not moldy or worn).

1. The resident was informed that their shower needed a non-slip surface for safety purposes. The resident was encouraged to wait to take a shower until non-slip surfacing was installed. An alternate shower area could also be used. Owner: Clinical Care Specialists. Completion date: 3/9/22

2. A request was made to Property Management to request non-slip surfaces be installed in resident bathrooms. Owner: Director. Completion date: 3/9/22

3. Maintenance is to install non-slip surfaces in all resident showers. Owner: Maintenance Supervisor. Completion date: 5/13/22

4. It was confirmed that our room inspection checklist has content to confirm if there is non-slip surfaces in good condition in the bathrooms. Owner: Director. Completion date: 3/9/22

5. Room checks will be completed monthly using the room inspection checklist. Owner: Clinical Care Specialists. Completion date: 5/27/22 and monthly thereafter. There is no end date for this item.

6. Any room items not in compliance with the room inspection checklist will be reported to maintenance to be addressed. Owner: Clinical Care Specialists. Completion date: 5/27/22

Completion Date: 05/27/2022

Document Submission

Implemented

103g - Storing Food

1. Requirements

2600.

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

Description of Violation

At 10:20 a.m., there were two uncovered meatloaves on the third shelf on the left side of the kitchen's large walk-in refrigerator.

Plan of Correction

Accept

This issue will be discussed with our food vendor supervisor with [REDACTED] Culinary. Their supervisor will confirm that he has reviewed the need for proper food storage with his staff. The [REDACTED] supervisor will be responsible for completing visual checks of all storage areas (dry, refrigerator and freezer) regarding proper storage.

## 103g - Storing Food (continued)

1. The uncovered food was removed from the refrigerator at the time the licensing representative was present.

Owner: [REDACTED] Supervisor. Completion date: 3/8/22

2. Instruction was provided to kitchen staff at time of inspection to cover all refrigerated food items. Owner: Director.

Completion date: 3/8/22

3. A discussion occurred with the supervisor of the food service vendor, [REDACTED] Culinary. The supervisor confirmed the need to keep refrigerated foods covered. Owner: Director. Completion date: 3/15/22

4. [REDACTED] food prep staff will be retrained to ensure all refrigerated food items are covered. Owner: [REDACTED] Supervisor.

Completion date: 3/22/22

5. Refrigerated and frozen food areas will be checked on a weekly basis to ensure all food items are covered. Owner:

[REDACTED] Supervisor. Completion date: 3/29/22 and weekly thereafter.

Completion Date: 03/29/2022

Document Submission

Implemented

## 132b - Safety Inspection/Fire Drill

## 1. Requirements

2600.

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

## Description of Violation

A fire safety expert observed fire drills on 1/29/20 and 2/10/22; however, no fire safety inspections were conducted.

## Plan of Correction

Accept

The City of Erie Fire Chief completes yearly visits to the home. We receive a letter to confirm his visit. However, [REDACTED] letter did not confirm all necessary information for the visit.

We will request the chief provide a standardized format for [REDACTED] letter to confirm the following:

- 1) The date of his visit
- 2) the observation of a drill and if it was successful
- 3) the fire safety inspection of the home
- 4) the maximum safe evacuation time of the home

The program supervisor/director will be responsible to review the content of the letter to ensure the proper content has been received.

1. A maintenance request will be completed to request contact with the fire chief to clarify needed information.

Owner: Director. Completion date: 3/16/22

**132b - Safety Inspection/Fire Drill (continued)**

2. For the 2022 visit, the fire chief will confirm:

- a) The date of [REDACTED] visit
- b) the observation of a drill and if it was successful
- c) the fire safety inspection of the home
- d) the maximum safe evacuation time of the home

If any of these items were not completed, a request will be made to have them completed. Owner: Maintenance Supervisor. Completion date: 4/18/22

3. The fire chief will generate an updated letter for 2022 that contains the content listed in item #2 of this section. Owner: Maintenance Supervisor. Completion date: 5/20/22

4. The fire chief's letter will be reviewed to ensure all needed content is present and all items related to the visit are successful. Owner: Director. Completion date: 5/27/22

5. A reminder will be created in an Outlook calendar, starting with December 1, 2022 and yearly thereafter. The reminder will prompt a request for Maintenance to schedule the next visit for the fire chief, as well as to specify the content needed for the letter. Owner: Director. Completion date: 3/11/22

**Completion Date:** 05/27/2022

**Document Submission**

**Implemented**

**132c - Fire Drill Records****1. Requirements**

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

**Description of Violation**

The fire drill records do not indicate a.m. or p.m. for the fire drill conducted on 1/27/22 at 2:40.

**Plan of Correction**

**Accept**

The home's fire drills are completed by a vendor, [REDACTED] Security, to ensure all fire drills are unannounced. The need to properly complete the fire drill log book, including using AM or PM for the time, will be reviewed with the vendor. The home's supervisor or director will be responsible to review each monthly fire drill entry. A monthly reminder will be set in the supervisor's/director's calendar to review the logs.

1. The fire drill log was reviewed to confirm correct content, and content was updated (AM/PM added). Owner: Director. Completion date: 3/9/22

2. A maintenance request was submitted to request [REDACTED] (the vendor running our fire drills) be retrained on needed content in the fire drill log book. Owner: Director. Completion date: 3/16/22

3. [REDACTED] will be retrained on needed content of the fire drill log book. Owner: Maintenance Supervisor. Completion date: 4/15/22

132c - Fire Drill Records (continued)

4. A monthly reminder will be created in an Outlook calendar. The reminder will prompt a review of the fire drill log book prior to the end of the month to ensure content is accurate and complete. Owner: Director. Completion date: 4/19/22 and monthly thereafter

Completion Date: 04/19/2022

Document Submission

Implemented

132d - Evacuation

1. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The home does not have a maximum safe evacuation time specified in writing within the past year by a fire safety expert. The home exceeded an evacuation time of 2 minutes 30 seconds during the following drills:

<u>Date:</u>	<u>Time:</u>	<u>Evacuation Time:</u>
12/9/21	11:00 AM	3 minutes
1/27/22	2:40	3 minutes 25 seconds
2/28/22	1:30 PM	3 minutes 30 seconds
3/1/22	2:30 PM	4 minutes

Plan of Correction

Accept

The City of Erie Fire Chief completes yearly visits to the home. We receive a letter to confirm [redacted] visit. However, [redacted] letter did not confirm all necessary information for the visit.

We will request the chief provide a standardized format for his letter to confirm the following:

- 1) The date of [redacted] visit
- 2) the observation of a drill
- 3) the fire safety inspection of the home
- 4) the maximum safe evacuation time of the home

The program supervisor/director will be responsible to review the content of the letter to ensure the proper content has been received.

1. A maintenance request will be completed to request contact with the fire chief. Owner: Director. Completion date: 3/16/22

- 2. The fire chief will confirm:
  - a. The date of [redacted] visit
  - b. the observation of a drill and if it was successful
  - c. the fire safety inspection of the home
  - d. the maximum safe evacuation time of the home

If any of these items were not completed, a request will be made to have them completed. Owner: Maintenance Supervisor. Completion date: 4/18/22

132d - Evacuation (continued)

3. The fire chief will generate a new letter for this year that contains the content listed above in this section. Owner: Maintenance Supervisor. Completion date: 5/20/22

4. The fire chief's letter will be reviewed to ensure all needed content is present and all items related to the visit are successful. Monthly meeting reminders will be [REDACTED]

[REDACTED] to schedule the next visit and confirm the content of the letter. Owner: Director. Completion date: 3/11/22

Completion Date: 05/27/2022

Document Submission

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 #3's most recent medical evaluation was completed on [REDACTED]; however, the resident's previous medical evaluation was completed on [REDACTED]. Also, the medical evaluation does not include the resident's allergies, health status, cognitive functioning, and mobility needs. These areas of the form are blank. In addition, the medications section indicates "see medications addendum below"; however, the attached medication list is dated [REDACTED] and is not signed by a physician, physician's assistant or certified registered nurse practitioner who completed the evaluation.

Plan of Correction

Accept

Resident # 3's DME was not completed due to his refusal to attend his appointment. The house was then quarantined, and the rescheduled appointment could not be attended. Nursing will counsel each resident on the importance of attending medical appointments (this will be reviewed with nursing). In addition, if COVID guidelines happen to still be in place, a note from the physician will be requested to state the resident does not need seen immediately. If possible, a telehealth appointment will also be requested.

CCS staff will confirm all fields on the DME are completed at the time the document is completed/received. This will be reviewed with the CCS staff.

1. Missing content for blank fields of the DME were verified and entered. Owner: Clinical Care Specialists. Completion date: 3/16/22

2. Review with Clinical Care Specialists the need for fields being completed in resident records. Owner: Director. Completion date: 3/16/22

3. Staff will confirm that all fields on the DME form have content when the completed form is received. Owner: Clinical Care Specialists. Completion date: 3/9/22 and ongoing.

**141b1 - Annual Medical Evaluation (continued)**

4. Staff will counsel each resident on the importance of attending all medical appointments. Owner: Nursing.

Completion date: 3/16/22 and ongoing

5. Two resident charts will be reviewed monthly to verify documents are complete and accurate. Owner: Supervisor.

Completion date: 3/31/22 and monthly thereafter

**Completion Date:** 03/31/2022

**Document Submission**

**Implemented**

**144c2 - Smoking Area Distance****1. Requirements**

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

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

**Description of Violation**

At 9:55 a.m., there were approximately 50 cigarette butts on the ground outside of the home's north stairwell's exit. This is not the home's designated smoking area.

**Plan of Correction**

**Accept**

The north stairwell exit was used as a temporary outdoor smoking area for several residents when the home was quarantined for COVID during the winter. This area has been cleaned now that there is no snow on the ground, and is not currently being used as a designated smoking area. Should the area need to be used for future quarantine, a fire-safe receptacle will be placed in the area to collect cigarette butts.

1. There was a community service crew present on site the day of the inspection. This crew cleaned multiple outdoor areas, but did not finish until the following week. Owner: Maintenance Supervisor. Completion date: started 3/8/22, completed 3/14/22

2. Confirm the area was sufficiently cleaned. Owner: Director. Completion date: 3/18/22

3. Close this area to smoking, and redirect residents to smoke at the designated smoking area. Owner: Director. Completion date: 3/18/22

## 144c2 - Smoking Area Distance (continued)

4. Confirm the area at the north stairwell exit remained free of cigarette butts. Owner: Director. Completion date: 4/1/22

Completion Date: 04/01/2022

Document Submission

**Implemented**

## 171c - Home's Vehicle Documents

## 1. Requirements

2600.

171.c. The home shall maintain current copies of the following documentation for each of the home's vehicles used to transport residents:

1. Vehicle registration.

## Description of Violation

The vehicle registration for each of the home's 2 vans used to transport residents were expired.

## Plan of Correction

The vehicle's registration in the van was not current at the time it was reviewed. Property Management provided updated copies of vehicle registration the day of the inspection.

For future occurrences, the supervisor/director will set a calendar reminder to remind Property Management to renew the registrations in a timely manner and place them in the vans.

1. A current vehicle registration was produced for both company vehicles the day of the inspection. Owner: Director. Completion date: 3/8/22

2. A yearly reminder will be set in an Outlook calendar for February 1st to request Maintenance renew the vehicle registrations. Owner: Director. Completion date: 3/16/22

3. Both vans will have their registrations renewed. Owner: Property Management Supervisor. Completion date: 3/16/22

4. Both vehicles will be checked for current vehicle registrations by February 20th of each year. Owner: Clinical Care Specialists. Completion date: 2/20/23, yearly afterwards.

Completion Date: 02/20/2023

Document Submission

**Implemented**

## 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:

6. Dose.
7. Route of administration.
8. Frequency of administration.

187a - Medication Record (*continued*)

12. Diagnosis or purpose for the medication, including pro re nata (PRN).

**Description of Violation**

*Resident #4 is prescribed the following medications:*

- [REDACTED] -Inject below the skin 54 units daily; however, the resident's March 2022 medication administration record (MAR) does not indicate the route, diagnosis, and frequency.
- [REDACTED] -Inject below the skin 20 units, 4 times daily, and per sliding scale;
  - *sliding scale 3 times daily with meals:*
    - 70-150 = 0 units
    - 151-200 = 3 units
    - 201-250 = 6 units
    - 251-300 = 9 units
    - 301-350 = 12 units
    - 351-400 = 15 units
    - >400 = 18 units
  - *sliding scale at bedtime:*
    - 70-150 = 0 units
    - 151-200 = 2 units
    - 201-250 = 4 units
    - 251-300 = 6 units
    - 301-350 = 8 units
    - 351-400 = 10 units
    - >400 = 12 units

*However, the resident's March 2022 MAR does not indicate the route, diagnosis, and frequency. Also, the resident's March 2022 MAR sliding scale at bedtime indicates:*

- 70-150 = 0 units
- 151-200 = 2 units
- 201-250 = 4 units
- 251-

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

*Required content for the MAR will be reviewed with nursing staff. Nurses will review MARs on a monthly basis for accuracy when they are received from the pharmacy. Any incorrect or missing information will be added, or the instructions will be re-written on a new line of the MAR.*

*1. The resident MAR was updated to include information on route, diagnosis and frequency. The sliding scale for insulin was also written in full. Owner: Nursing. Completion date: 3/9/22*

*2. Review with nursing the need for complete and accurate content in MARs. Owner: Director. Completion date: 3/9/22*

*3. Review all incoming MARs from the pharmacy on a monthly basis to ensure all content is present and accurate. Owner: Nursing. Completion date: 3/31/22 and monthly thereafter*

187a - Medication Record (continued)

4. Complete a monthly audit of MARs to confirm content is complete and accurate. Owner: Director. Completion date: 4/29/22 and 5/31/22

Completion Date: 05/31/2022

Document Submission

Implemented

187c - Refusal of Medication

1. Requirements

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

Resident #4 refused various prescribed medications on multiple dates and times, to include following; however, the prescribing physician was not notified:

- [Redacted]
- [Redacted]

Resident #5 refused [Redacted] on multiple dates and times, including at 8:00 a.m. on 3/4/22, 3/5/22, and 3/6/22; however, the prescribing physician was not notified.

Plan of Correction

Accept

Nursing staff will notify the prescribing physician when a resident refuses medication. Documentation of this will be contained in the resident's record. Additional reporting will occur as directed by the prescriber.

1. Contact the prescribers' office(s) to report the medications declined by residents 4 and 5, and document that the reports was made in the resident's charts. Owner: Nursing. Completion date: 3/11/22

2. Review with nursing the need for to report medications declined by residents. Owner: Director. Completion date: 3/11/22

3. When reporting a declined medication, seek the written input of the prescriber as to how often (s)he wants notified of declined medications. Place documentation of the prescriber's wishes in the front of the resident's MAR for reference. Owner: Nursing. Completion date: 5/13/22 and ongoing

4. Complete audits of MARs in April and May to ensure reporting is occurring for residents declining medication. Owner: Director. Completion date: 5/31/22 and 6/30/22

Completion Date: 06/30/2022

Document Submission

Implemented