Department of Human Services
Bureau of Human Service Licensing

June 29, 2022

[redacted]
600 PAOLI POINTE DRIVE OPERATIONS LLC
600 PAOLI POINTE DRIVE
PAOLI, PA, 19301

RE: HIGHGATE AT PAOLI POINTE
600 PAOLI POINTE DRIVE
PAOLI, PA, 19301
LICENSE/COC#: 13610

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/15/2022, 03/16/2022, 03/17/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Mia Johnson

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: *HIGHGATE AT PAOLI POINTE* **License #**: *13610* **License Expiration**: *10/02/2022*

Address: *600 PAOLI POINTE DRIVE, PAOLI, PA 19301*

County: *CHESTER* **Region**: *SOUTHEAST*

Administrator

Name: [redacted] **Phone**: *6102967100* **Email**: [redacted]

Legal Entity

Name: *600 PAOLI POINTE DRIVE OPERATIONS LLC*

Address: *600 PAOLI POINTE DRIVE, PAOLI, PA, 19301*

Phone: *6102967100* **Email**: [redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *05/15/1996* **Issued By**: *COPA L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *89* **Waking Staff**: *67*

Inspection Information

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

Reason: *Renewal, Incident* **Exit Conference Date**: *03/17/2022*

Inspection Dates and Department Representative

03/15/2022 - On-Site: [redacted]
03/16/2022 - On-Site: [redacted]
03/17/2022 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *124* **Residents Served**: *56*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Memory Care Unit* **Capacity**: *30* **Residents Served**: *25*

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *56*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *2*

Have Mobility Need: *33* **Have Physical Disability**: *0*

Inspections / Reviews

03/15/2022 - Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *05/20/2022*

05/24/2022 - POC Submission

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *05/27/2022*

06/07/2022 - POC Submission

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *06/10/2022*

06/29/2022 - Document Submission

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

3c - Post Current License

1. Requirements

2600.
3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 03/15/2022, the home's current license inspection summary and copy of the 2600 regulation book were not posted in a conspicuous and public place in the home.

Plan of Correction ***Accept***

The facility immediately posted the 2600 regulations and copy of facility's current license inspection at the front desk, which is a conspicuous and public place in the home.
The Executive Director or designee will conduct an audit once per month to ensure compliance.
Results of the audit will be reviewed monthly at facility QAPI meeting.
The audits will begin by 5/20/2022.

Completion Date: *05/20/2022*

Document Submission ***Implemented***

The facility immediately posted the 2600 regulations and copy of facility's current license inspection at the front desk, which is a conspicuous and public place in the home.
The Executive Director or designee will conduct an audit once per month to ensure compliance.
Results of the audit will be reviewed monthly at facility QAPI meeting.
The audits will begin by 5/20/2022.

28e - Death of a Resident

1. Requirements

2600.
28.e. In the event of a death of a resident under 60 years of age, the administrator shall refund the remainder of previously paid charges to the resident's estate within 30 days from the date the room is cleared of the resident's personal property. In the event of a death of a resident 60 years of age and older, the home shall provide a refund in accordance with the Elder Care Payment Restitution Act (35 P. S. § § 10226.101—10226.107). The home shall keep documentation of the refund in the resident's record.

Description of Violation

Resident 1 passed away on [redacted]. Resident 1's personal belongings were removed from [redacted] room on [redacted]; however, the refund was issued on 08/17/2021.
Resident 2 passed away on [redacted]. Resident 2's personal belongings were removed from [redacted]r room on [redacted] however, the refund was issued on 10/05/2021.
Resident 3 passed away [redacted]. Resident 3's personal belongings were removed from [redacted] room on [redacted] however, the refund was issued on 11/16/2021.
Resident 4 passed away on 1[redacted]. Resident 4's personal belongings were removed from [redacted] room on [redacted]; however, the refund was issued on 12/14/2021.

28e - Death of a Resident (continued)

Resident 5 passed away on [redacted]. Resident 5's personal belongings were removed from [redacted] room [redacted] however, the refund was issued on 03/08/2022.

Plan of Correction ***Accept***

The Executive Director provided written education to the Business Office Manager regarding refunds being issued within 30 days of a resident's personal property being removed from the home.
The Executive Director or designee will conduct an audit once per month to ensure compliance.
Results of the audit will be reviewed monthly at facility QAPI meeting.
The audits will begin by 5/20/2022.

Completion Date: *05/20/2022*

Document Submission ***Implemented***

The Executive Director provided written education to the Business Office Manager regarding refunds being issued within 30 days of a resident's personal property being removed from the home.
The Executive Director or designee will conduct an audit once per month to ensure compliance.
Results of the audit will be reviewed monthly at facility QAPI meeting.
The audits will begin by 5/20/2022.

54a - Direct Care Staff

1. Requirements

2600.
54.a. Direct care staff persons shall have the following qualifications:
1. Be 18 years of age or older, except as permitted in subsection (b).
2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

Description of Violation

Direct care staff person A, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.
Direct care staff person B, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

54a - Direct Care Staff (continued)

Plan of Correction ***Directed***

The Executive Director or designee will ensure violation does not reoccur via monthly audits of new hires.

Directed
Within 10 calendar days of the accepted plan of correction: In addition to the above plan of correction the administrator or designee will conduct an initial audit of all current direct care staff records to ensure all direct care staff persons meet the qualifications in accordance with this regulation. Documentation will be kept in the staff records. Only those staff persons who meet the direct care staff qualifications will provide direct care services. MJ 6/7/22

Completion Date: *05/20/2022*

Document Submission ***Implemented***

The Executive Director or designee will ensure violation does not reoccur via monthly audits of new hires.

Directed
Within 10 calendar days of the accepted plan of correction: In addition to the above plan of correction the administrator or designee will conduct an initial audit of all current direct care staff records to ensure all direct care staff persons meet the qualifications in accordance with this regulation. Documentation will be kept in the staff records. Only those staff persons who meet the direct care staff qualifications will provide direct care services. MJ 6/7/22

65b - Rights/Abuse 40 Hours

1. Requirements

2600.
65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

Description of Violation

Staff persons A, B, C, D, E, and F completed their 40th scheduled work hour. However, these staff members did not complete training on the following topics:

- *Resident rights.*
- *Emergency medical plan.*
- *Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act*
- *Reporting of reportable incidents and conditions.*

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

Plan of Correction ***Accept***

Staff persons A, B, C, D, E and F will be re-educated on the following topics:
Resident rights, Emergency medical plan, Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act, Reporting of reportable incidents and conditions.
The Executive Director provided education to the Business Office Manager/Human Resources Manager regarding required training within 40 scheduled hours, on the following topics:
Resident rights, Emergency medical plan, Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act, Reporting of reportable incidents and conditions.
The Executive Director or designee will conduct an audit once per month to ensure compliance.
Results of the audit will be reviewed monthly at facility QAPI meeting.
The education will be completed by 6/1/2022.
The audits will begin by 6/1/2022.

Completion Date: *06/01/2022*

Document Submission ***Implemented***

Staff persons A, B, C, D, E and F will be re-educated on the following topics:
Resident rights, Emergency medical plan, Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act, Reporting of reportable incidents and conditions.
The Executive Director provided education to the Business Office Manager/Human Resources Manager regarding required training within 40 scheduled hours, on the following topics:
Resident rights, Emergency medical plan, Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act, Reporting of reportable incidents and conditions.
The Executive Director or designee will conduct an audit once per month to ensure compliance.
Results of the audit will be reviewed monthly at facility QAPI meeting.
The education will be completed by 6/1/2022.
The audits will begin by 6/1/2022.

65d - Initial Direct Care Training

1. Requirements

2600.
65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:
1. Training that includes a demonstration of job duties, followed by supervised practice.
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.
3. Initial direct care staff person training to include the following:
   i. Safe management techniques.
   ii. ADLs and IADLs
   iii. Personal hygiene.
   iv. Care of residents with dementia, mental illness, cognitive impairments, an intellectual disability and other mental disabilities.
   v. The normal aging-cognitive, psychological and functional abilities of individuals who are older.
   vi. Implementation of the initial assessment, annual assessment and support plan.
   vii. Nutrition, food handling and sanitation.
   viii. Recreation, socialization, community resources, social services and activities in the community.

65d - Initial Direct Care Training *(continued)*

ix. Gerontology.
x. Staff person supervision, if applicable.
xi. Care and needs of residents with special emphasis on the residents being served in the home.
xii. Safety management and hazard prevention.
xiii. Universal precautions.
xiv. The requirements of this chapter.
xv. Infection control.
xvi. Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

Description of Violation

Direct care staff person F, hired on [redacted], began providing unsupervised ADL services on [redacted]. However, the staff person did not complete training that included a demonstration of job duties, followed by supervised practice.

Plan of Correction ***Accept***

Staff persons B and F completed training that included a demonstration of job duties, followed by supervised practice.
Staff persons B and F completed the DHS approved direct care training and passed the competency test.
The Executive Director provided education to the Business Office Manager/Human Resources Manager regarding tracking of required initial direct care training, to include completion of training that includes a demonstration of job duties, followed by supervised practice, and to ensure completion of DHS approved direct care training course and passing of competency test.
The Executive Director or designee will conduct an audit once per month to ensure compliance.
Results of the audit will be reviewed monthly at facility QAPI meeting.
The audits will begin by 5/20/2022.

Completion Date: *05/20/2022*

Document Submission ***Implemented***

Staff persons B and F completed training that included a demonstration of job duties, followed by supervised practice.
Staff persons B and F completed the DHS approved direct care training and passed the competency test.
The Executive Director provided education to the Business Office Manager/Human Resources Manager regarding tracking of required initial direct care training, to include completion of training that includes a demonstration of job duties, followed by supervised practice, and to ensure completion of DHS approved direct care training course and passing of competency test.
The Executive Director or designee will conduct an audit once per month to ensure compliance.
Results of the audit will be reviewed monthly at facility QAPI meeting.
The audits will begin by 5/20/2022.

2. Requirements

2600.
65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:
1. Training that includes a demonstration of job duties, followed by supervised practice.
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

65d - Initial Direct Care Training *(continued)*

3. Initial direct care staff person training to include the following:
   i. Safe management techniques.
   ii. ADLs and IADLs
   iii. Personal hygiene.
   iv. Care of residents with dementia, mental illness, cognitive impairments, an intellectual disability and other mental disabilities.
   v. The normal aging-cognitive, psychological and functional abilities of individuals who are older.
   vi. Implementation of the initial assessment, annual assessment and support plan.
   vii. Nutrition, food handling and sanitation.
   viii. Recreation, socialization, community resources, social services and activities in the community.
   ix. Gerontology.
   x. Staff person supervision, if applicable.
   xi. Care and needs of residents with special emphasis on the residents being served in the home.
   xii. Safety management and hazard prevention.
   xiii. Universal precautions.
   xiv. The requirements of this chapter.
   xv. Infection control.
   xvi. Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

Description of Violation

Direct care staff person B hired on [redacted], began providing unsupervised ADL services on [redacted]. However, the staff person did not complete and pass the Department-approved direct care training course and pass the competency test.

Direct care staff person F hired on [redacted], began providing unsupervised ADL services on [redacted]. However, the staff person did not complete and pass the Department-approved direct care training course and pass the competency test.

Plan of Correction ***Accept***

Staff persons B and F completed training that included a demonstration of job duties, followed by supervised practice.
Staff persons B and F completed the DHS approved direct care training and passed the competency test.
The Executive Director provided education to the Business Office Manager/Human Resources Manager regarding tracking of required initial direct care training, to include completion of training that includes a demonstration of job duties, followed by supervised practice, and to ensure completion of DHS approved direct care training course and passing of competency test.
The Executive Director or designee will conduct an audit once per month to ensure compliance.
Results of the audit will be reviewed monthly at facility QAPI meeting.
The audits will begin by 5/20/2022.

Completion Date: *05/20/2022*

Document Submission ***Implemented***

Staff persons B and F completed training that included a demonstration of job duties, followed by supervised practice.
Staff persons B and F completed the DHS approved direct care training and passed the competency test.

65d - Initial Direct Care Training (continued)

The Executive Director provided education to the Business Office Manager/Human Resources Manager regarding tracking of required initial direct care training, to include completion of training that includes a demonstration of job duties, followed by supervised practice, and to ensure completion of DHS approved direct care training course and passing of competency test.

The Executive Director or designee will conduct an audit once per month to ensure compliance.

Results of the audit will be reviewed monthly at facility QAPI meeting.

The audits will begin by 5/20/2022.

3. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

1. Training that includes a demonstration of job duties, followed by supervised practice.
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.
3. Initial direct care staff person training to include the following:
   - i. Safe management techniques.
   - ii. ADLs and IADLs
   - iii. Personal hygiene.
   - iv. Care of residents with dementia, mental illness, cognitive impairments, an intellectual disability and other mental disabilities.
   - v. The normal aging-cognitive, psychological and functional abilities of individuals who are older.
   - vi. Implementation of the initial assessment, annual assessment and support plan.
   - vii. Nutrition, food handling and sanitation.
   - viii. Recreation, socialization, community resources, social services and activities in the community.
   - ix. Gerontology.
   - x. Staff person supervision, if applicable.
   - xi. Care and needs of residents with special emphasis on the residents being served in the home.
   - xii. Safety management and hazard prevention.
   - xiii. Universal precautions.
   - xiv. The requirements of this chapter.
   - xv. Infection control.
   - xvi. Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

Description of Violation

Direct care staff person B, hired on [redacted], began providing unsupervised ADL services on [redacted]. However, the staff person did not complete the following initial direct care staff person training.

Direct care staff person F, hired on [redacted] began providing unsupervised ADL services on [redacted] However, the staff person did not complete the following initial direct care staff person training.

Plan of Correction ***Accept***

Staff persons B and F completed training that included a demonstration of job duties, followed by supervised practice.

Staff persons B and F completed the DHS approved direct care training and passed the competency test.

65d - Initial Direct Care Training (continued)

The Executive Director provided education to the Business Office Manager/Human Resources Manager regarding tracking of required initial direct care training, to include completion of training that includes a demonstration of job duties, followed by supervised practice, and to ensure completion of DHS approved direct care training course and passing of competency test.
The Executive Director or designee will conduct an audit once per month to ensure compliance.
Results of the audit will be reviewed monthly at facility QAPI meeting.
The audits will begin by 5/20/2022.

Completion Date: *05/20/2022*

Document Submission ***Implemented***

Staff persons B and F completed training that included a demonstration of job duties, followed by supervised practice.
Staff persons B and F completed the DHS approved direct care training and passed the competency test.
The Executive Director provided education to the Business Office Manager/Human Resources Manager regarding tracking of required initial direct care training, to include completion of training that includes a demonstration of job duties, followed by supervised practice, and to ensure completion of DHS approved direct care training course and passing of competency test.
The Executive Director or designee will conduct an audit once per month to ensure compliance.
Results of the audit will be reviewed monthly at facility QAPI meeting.
The audits will begin by 5/20/2022.

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

On 03/15/2022, there was a broken chair outside of the trash dumpster.

Plan of Correction ***Accept***

The broken chair was immediately removed from outside of the dumpster and placed into the covered dumpster for removal.
The Executive Director provided education to the Maintenance Director and Environmental Services Director regarding the importance of having all trash kept in a covered receptacle.
The Maintenance Director or designee will conduct an audit once per month to ensure compliance. Results of the audit will be reviewed monthly at facility QAPI meeting.
The audits will begin by 5/20/2022.

Completion Date: *05/20/2022*

Document Submission ***Implemented***

The broken chair was immediately removed from outside of the dumpster and placed into the covered dumpster for removal.
The Executive Director provided education to the Maintenance Director and Environmental Services Director regarding the importance of having all trash kept in a covered receptacle.
The Maintenance Director or designee will conduct an audit once per month to ensure compliance. Results of the

85e - Trash Outside Home (continued)

audit will be reviewed monthly at facility QAPI meeting.
The audits will begin by 5/20/2022.

102h - Toilet Paper

1. Requirements

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

Description of Violation

On 03/15/2022, there was no toilet paper for the toilet in the bathroom [redacted]

Plan of Correction ***Accept***

Toilet paper was immediately provided for bathroom in apartment [redacted].
The Executive Director provided education to the Environmental Services Director regarding each toilet having toilet paper.
The Executive Director or designee will contact an audit in random apartment bathrooms once per month to ensure compliance. Results of the audit will be reviewed monthly at facility QAPI meeting.
The audits will begin by 5/20/2022.

Completion Date: *05/20/2022*

Document Submission ***Implemented***

Toilet paper was immediately provided for bathroom in apartment [redacted].
The Executive Director provided education to the Environmental Services Director regarding each toilet having toilet paper.
The Executive Director or designee will contact an audit in random apartment bathrooms once per month to ensure compliance. Results of the audit will be reviewed monthly at facility QAPI meeting.
The audits will begin by 5/20/2022.

103f - Refrigerator/Freezer Temps

1. Requirements

2600.
103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 03/15/2022, at 10:58 am, the temperature in the ice cream freezer was 18 degrees Fahrenheit.

Plan of Correction ***Accept***

The ice cream was immediately moved into walk-in freezer.
The Executive Director provided education to the Dining Services Account Manager regarding frozen food being

103f - Refrigerator/Freezer Temps (continued)

kept at or below 0 degrees fahrenheit.
The Executive Director or designee will conduct an audit of the walk-in freezer once per month to ensure compliance. Results of the audit will be reviewed monthly at facility QAPI meeting.
The audits will begin by 5/20/2022.

Completion Date: *05/20/2022*

Document Submission ***Implemented***

The ice cream was immediately moved into walk-in freezer.
The Executive Director provided education to the Dining Services Account Manager regarding frozen food being kept at or below 0 degrees fahrenheit.
The Executive Director or designee will conduct an audit of the walk-in freezer once per month to ensure compliance. Results of the audit will be reviewed monthly at facility QAPI meeting.
The audits will begin by 5/20/2022.

103i - Outdated Food

1. Requirements

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

Description of Violation

On 03/15/2022, a dented can of Marinara Sauce weighing 6.56 lbs. was found in the main kitchen food storage for daily use.

Plan of Correction ***Accept***

The dented can was immediately removed from the dry storage area and placed on "dented can" shelf.
The Executive Director provided education to the Dining Services Account Manager regarding use of dented cans.
The Executive Director or designee will conduct an audit of the dry storage area once per month to ensure compliance. Results of the audit will be reviewed monthly at facility QAPI meeting.
The audits will begin by 5/20/2022.

Completion Date: *05/20/2022*

Document Submission ***Implemented***

The dented can was immediately removed from the dry storage area and placed on "dented can" shelf.
The Executive Director provided education to the Dining Services Account Manager regarding use of dented cans.
The Executive Director or designee will conduct an audit of the dry storage area once per month to ensure compliance. Results of the audit will be reviewed monthly at facility QAPI meeting.
The audits will begin by 5/20/2022.

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.

121a - Unobstructed Egress *(continued)*

Description of Violation

At 10:30 a.m., on 03/15/2022, two chairs were blocking the egress from the home's exit on the Terrance Unit.

Plan of Correction ***Accept***

The two chairs blocking the exit door were immediately removed.
The Executive Director provided education to the Maintenance Director regarding not having any means of egress obstructed.
The Maintenance Director will discuss the violation at the monthly Safety Committee meeting.
The Executive Director or designee will conduct an audit of random egress paths once per month to ensure compliance. Results of the audit will be reviewed monthly at the facility QAPI meeting.
The audits will begin by 5/20/2022.

Completion Date: *05/20/2022*

Document Submission ***Implemented***

The two chairs blocking the exit door were immediately removed.
The Executive Director provided education to the Maintenance Director regarding not having any means of egress obstructed.
The Maintenance Director will discuss the violation at the monthly Safety Committee meeting.
The Executive Director or designee will conduct an audit of random egress paths once per month to ensure compliance. Results of the audit will be reviewed monthly at the facility QAPI meeting.
The audits will begin by 5/20/2022.

125a - Combustible Storage

1. Requirements

2600.
125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

On 03/15/2022, two cans of Plastic Pipe Primer (1 pint, 16 oz.) with a label indicating highly flammable were found inside the boiler room, approximately 10 feet away from the boilers.

On 03/15/2022, one can of Hot/Cold PVC Plastic Pipe Cement (1 quart, 32 oz.) with a label indicating it was highly flammable was found inside the boiler room, approximately 10 feet from the boilers.

Plan of Correction ***Accept***

The cans of plastic pipe primer and pipe cement were immediately removed from the boiler room.
The Executive Director provided education to the Maintenance Director regarding storage of combustible materials.
The Executive Director or designee will conduct an audit of the boiler room once per month to ensure compliance.
Results of the audit will be reviewed monthly at facility QAPI meeting.
The audits will begin by 5/20/2022.

Completion Date: *05/20/2022*

125a - Combustible Storage *(continued)*

Document Submission ***Implemented***

The cans of plastic pipe primer and pipe cement were immediately removed from the boiler room.
The Executive Director provided education to the Maintenance Director regarding storage of combustible materials.
The Executive Director or designee will conduct an audit of the boiler room once per month to ensure compliance.
Results of the audit will be reviewed monthly at facility QAPI meeting.
The audits will begin by 5/20/2022.

185a - Implement Storage Procedures

1. Requirements

2600.
185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

There was an override error on resident 6 MAR record on 03/12/2022 at 16:30.

On 03/15/2022, in Terrace Unit, there were two med carts. However, cart one had one loose pill in the first and second drawers. Cart two had two loose pills in the first drawer.

Plan of Correction ***Accept***

The loose pills in the carts were removed and destroyed per policy.
The Business Office Manager/Human Resources Manager will provide education to licensed nurses and certified med techs regarding safe storage, access, security, distribution and use of mediations and medical equipment, and not to over-write a glucose reading on the MAR.
The Executive Director or designee will conduct an audit each month of the terrace level medication carts and audit of MARs to ensure compliance. Results of the audit will be reviewed monthly at facility QAPI meeting.
The education will be completed by 6/1/2022.
The audits will begin by 6/1/2022.

Completion Date: *06/01/2022*

Document Submission ***Implemented***

The loose pills in the carts were removed and destroyed per policy.
The Business Office Manager/Human Resources Manager will provide education to licensed nurses and certified med techs regarding safe storage, access, security, distribution and use of mediations and medical equipment, and not to over-write a glucose reading on the MAR.
The Executive Director or designee will conduct an audit each month of the terrace level medication carts and

185a - Implement Storage Procedures (continued)

audit of MARs to ensure compliance. Results of the audit will be reviewed monthly at facility QAPI meeting.
The education will be completed by 6/1/2022.
The audits will begin by 6/1/2022.

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:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident 7 is prescribed Lorazepam 0.5 mg. The medication was administered on March 15, 2022, on resident 7's medication administration record there was a count of 16. However, there was a count of 15 on the sealed package.

Plan of Correction ***Accept***

Nurse had administered Resident 7's prescribed Lorazepam 0.5mg during morning medication pass and inadvertently did not sign it out at time of administration. Nurse signed out the medication immediately.
The Business Office Manager/Human Resources Manager will provide education to licensed nurses and certified medication technicians regarding medication administration.
The Executive Director or designee will conduct an audit of the Medication Administration Record once per month to ensure compliance. Results of the audit will be reviewed monthly at facility QAPI meeting.
The education will be completed by 6/1/2022.
The audits will begin by 6/1/2022.

Completion Date: *06/01/2022*

Document Submission ***Implemented***

Nurse had administered Resident 7's prescribed Lorazepam 0.5mg during morning medication pass and inadvertently did not sign it out at time of administration. Nurse signed out the medication immediately.
The Business Office Manager/Human Resources Manager will provide education to licensed nurses and certified medication technicians regarding medication administration.
The Executive Director or designee will conduct an audit of the Medication Administration Record once per month to ensure compliance. Results of the audit will be reviewed monthly at facility QAPI meeting.

187a - Medication Record (continued)

The education will be completed by 6/1/2022.
The audits will begin by 6/1/2022.

2. Requirements

2600.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

On March 12, 2022, at 11:30 a.m., there is not matching reading in the glucometer for resident 6, however the medication administration record was documented as 269.

Plan of Correction ***Accept***

Nurse had administered Resident 7's prescribed Lorazepam 0.5mg during morning medication pass and inadvertently did not sign it out at time of administration. Nurse signed out the medication immediately.
The Business Office Manager/Human Resources Manager will provide education to licensed nurses and certified medication technicians regarding medication administration.
The Executive Director or designee will conduct an audit of the Medication Administration Record once per month to ensure compliance. Results of the audit will be reviewed monthly at facility QAPI meeting.
The education will be completed by 6/1/2022.
The audits will begin by 6/1/2022.

Completion Date: *06/01/2022*

Document Submission ***Implemented***

Nurse had administered Resident 7's prescribed Lorazepam 0.5mg during morning medication pass and inadvertently did not sign it out at time of administration. Nurse signed out the medication immediately.
The Business Office Manager/Human Resources Manager will provide education to licensed nurses and certified medication technicians regarding medication administration.
The Executive Director or designee will conduct an audit of the Medication Administration Record once per month to ensure compliance. Results of the audit will be reviewed monthly at facility QAPI meeting.
The education will be completed by 6/1/2022.
The audits will begin by 6/1/2022.

187d - Follow Prescriber's Orders

1. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident 8 is prescribed Novolog Flex Pen 100 unit/ml as per sliding scale from 201 - 250, 6 units. However, resident 8 glucometer results were 235 and it was administered 9 units on 03/14/2022 at 11:30.

Plan of Correction ***Accept***

The Business Office Manager/Human Resources Manager will provide education to licensed nurses and certified medication technicians regarding following prescriber orders for sliding scale insulin orders.
The Executive Director or designee will conduct an audit of the Medication Administration Record once per month to ensure compliance. Results of the audit will be reviewed monthly at facility QAPI meeting.
The education will be completed by 6/1/2022.
The audits will begin by 6/1/2022.

Completion Date: *06/01/2022*

Document Submission ***Implemented***

The Business Office Manager/Human Resources Manager will provide education to licensed nurses and certified medication technicians regarding following prescriber orders for sliding scale insulin orders.
The Executive Director or designee will conduct an audit of the Medication Administration Record once per month to ensure compliance. Results of the audit will be reviewed monthly at facility QAPI meeting.
The education will be completed by 6/1/2022.
The audits will begin by 6/1/2022.

224a - Preadmission Screen Form

1. Requirements

2600.
224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident 8 was admitted to the home on [redacted]. However, the resident's preadmission screening form is missing the date when the screening was completed.

Plan of Correction ***Accept***

Resident # 8's Preadmission Screening Form was re-done and dated.
The Regional Executive Director provided education to the Executive Director regarding compliance with dating the preadmission screening form when the screening is completed.
The Executive Director or designee will conduct an audit of the preadmission screening forms once per month to ensure compliance. Results of the audit will be reviewed monthly at facility QAPI meeting.
The audits will begin by 5/20/2022.

Completion Date: *05/20/2022*

224a - Preadmission Screen Form *(continued)*

Document Submission ***Implemented***

Resident # 8's Preadmission Screening Form was re-done and dated.
The Regional Executive Director provided education to the Executive Director regarding compliance with dating the preadmission screening form when the screening is completed.
The Executive Director or designee will conduct an audit of the preadmission screening forms once per month to ensure compliance. Results of the audit will be reviewed monthly at facility QAPI meeting.
The audits will begin by 5/20/2022.

252 - Record Content

1. Requirements

2600.
252. Content of Resident Records - Each resident's record must include the following information:

1. Name, gender, admission date, birth date and Social Security number.
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
3. A photograph of the resident that is no more than 2 years old.
4. Language or means of communication spoken or used by the resident.
5. The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.
6. The name, address and telephone number of the resident's physician or source of health care.
7. The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms.
8. A list of prescribed medications, OTC medications and CAM.
9. Dietary restrictions.
10. A record of incident reports for the individual resident.
11. A list of allergies.
12. The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies.
13. The preadmission screening, initial intake assessment and the most current version of the annual assessment.
14. A support plan.
15. Applicable court order, if any.
16. The resident's medical insurance information.
17. The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity.
18. An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated.
19. An inventory of the resident's property entrusted to the administrator for safekeeping.
20. The financial records of residents receiving assistance with financial management.
21. The reason for termination of services or transfer of the resident, the date of transfer and the destination.
22. Copies of transfer and discharge summaries from hospitals, if available.
23. If the resident dies in the home, a copy of the official death certificate.
24. Signed notification of rights, grievance procedures and applicable consent to treatment protections specified in § 2600.41 (relating to notification of rights and complaint procedures).
25. A copy of the resident-home contract.
26. A termination notice, if any.

Description of Violation

Resident 6 record does not include name, gender, admission date, birth date, and Social Security number. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks. A photograph of the resident that is no more than 2 years old, the language or means of communication spoken or used by the resident, and their name,

252 - Record Content (continued)

address, and telephone number. Relationship of a designated person to be contacted in case of an emergency.

Resident 9 record does not include a record of incident reports for the individual resident.

Resident 10 record does not include a record of incident reports for the individual resident.

Plan of Correction ***Accept***

Resident 6's face sheet was updated to include: name, gender, admission date, birth date, Social Security number, race, height, weight, color of hair, color of eyes, religious affliation, if any, and identifying marks, a photograph of the resident is less than 2 years old, the language or means of communication spoken or used by the resident, and their name, address, and telephone number, and relationship of a designated person to be contacted in case of an emergency.
Resident 9 and 10's records were updated to include a record of incident reports for the individual resident.
The Executive Director provided education to the Sales and Marketing Director regarding required demographic information that must be included in the resident record.
The Regional Executive Director provided education to the Executive Director regarding incident reports being included in each resident record.
The Executive Director or designee will conduct a random audit of resident records once per month to ensure compliance. Results of the audit will be reviewed monthly at facility QAPI meeting.
The audits will begin by 5/20/2022.

Completion Date: *05/20/2022*

Document Submission ***Implemented***

Resident 6's face sheet was updated to include: name, gender, admission date, birth date, Social Security number, race, height, weight, color of hair, color of eyes, religious affliation, if any, and identifying marks, a photograph of the resident is less than 2 years old, the language or means of communication spoken or used by the resident, and their name, address, and telephone number, and relationship of a designated person to be contacted in case of an emergency.
Resident 9 and 10's records were updated to include a record of incident reports for the individual resident.
The Executive Director provided education to the Sales and Marketing Director regarding required demographic information that must be included in the resident record.
The Regional Executive Director provided education to the Executive Director regarding incident reports being included in each resident record.
The Executive Director or designee will conduct a random audit of resident records once per month to ensure compliance. Results of the audit will be reviewed monthly at facility QAPI meeting.
The audits will begin by 5/20/2022.