



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT
REQUESTED MAILING DATE: August 19, 2022

[REDACTED]
Fair Oaks OpCo LLC
2200 W. Liberty Avenue
Pittsburgh, Pennsylvania 15226

RE: Fair Oaks Senior Living
2200 W. Liberty Avenue
Pittsburgh, Pennsylvania 15226
License/COC #: 452861

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on November 1, 2021, November 2, 2021, November 3, 2021, March 18, 2022, and March 21, 2022, of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance (license number 452860) dated October 1, 2021 – October 1, 2022, and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026 (b)(1) and 55 Pa. Code § 20.71(a)(2); (3); (4) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from August 19, 2022 to February 19, 2023.

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

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

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


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

Sincerely,



Jamie Buchenauer
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc: 

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

Facility Information

Name: FAIR OAKS SENIOR LIVING License #: 45286 License Expiration: 10/01/2022
Address: 2200 WEST LIBERTY AVENUE, PITTSBURGH, PA 15226
County: ALLEGHENY Region: WESTERN

Administrator

Name: [REDACTED] Phone: 412-344-9915 Email: [REDACTED]

Legal Entity

Name: FAIR OAKS OPCO LLC
Address: 2200 WEST LIBERTY AVENUE, PITTSBURGH, PA, 15226
Phone: 4123449915 Email: [REDACTED]

Certificate(s) of Occupancy

Type: Other Date: 01/16/2017 Issued By: City of Pittsburgh

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 63 Waking Staff: 47

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Interim Exit Conference Date: 03/21/2022

Inspection Dates and Department Representative

03/18/2022 - On-Site: [REDACTED]
03/21/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 100 Residents Served: 54

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 4

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 51
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 1
Have Mobility Need: 9 Have Physical Disability: 0

Inspections / Reviews

03/18/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/12/2022

Inspections / Reviews (*continued*)

05/18/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *05/20/2022*

07/22/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type:

Follow-Up Date:

17 - Record Confidentiality

1. Requirements

2600.

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

Description of Violation

On 3/18/22 at approximately 11:50 a.m., the home's narcotic book for med carts #1 and #2, were unlocked, unattended and accessible in the left side pocket of the medication cart on the second-floor hallway by the dining room of Oak Hall.

Plan of Correction

Directed

Effective immediately, all narcotic books for all carts will be kept inside the med cart drawer and the med cart will be locked when unattended. Health Services Director or Resident Care Coordinator will monitor weekly. If and when a narcotic book is discovered unattended and out of its secure location, the offending staff member will be corrected immediately. Documentation will be kept.

DIRECTED

Within 15 calendar days of receipt of the accepted plan of correction: The administrator or designated staff person shall audit the home weekly to ensure compliance with Regulation 2600.17. Documentation of audits shall be kept.

6/21/22 JK

Completion Date: 05/12/2022 Licensee's Proposed Date for POC Implementation

7/22/22 JK
Not Implemented

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:

- 2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

On 3/18/22, direct care staff person A, hired [redacted] 22, provides unsupervised ADL services. However, direct care staff person A has not completed the Department-approved direct care staff training course and passing of the competency test.

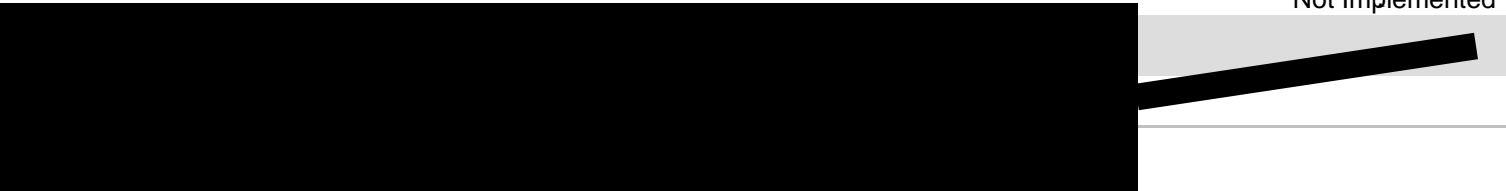
Plan of Correction

Accept

Staff person A had previously been employed as a Direct Care staff person and passed the Direct Care Training Competency but it was not on file. Direct Care Training Certificate (Dated [redacted] 17) was put in [redacted] file. The Administrator will review all Direct Care Staff records to ensure proper documentation is in order for current staff. Administrator will maintain employee records & training for newly hired staff and documentation will be kept in employee file.

Completion Date: 05/12/2022 Licensee's Proposed Date for POC Implementation

7/22/22 JK
Not Implemented



Violation Withdrawn 7/22/22 Jk

Violation Withdrawn 7/22/22 JK

103e - Left Overs

1. Requirements

2600.

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

Description of Violation

On 3/18/22 at approximately 11:35 a.m., there was an undated, open, unsealed package of hot dogs, (approximately 20 count) in the walk-in kitchen cooler.

Plan of Correction

The package of hot dogs were discarded. Effective immediately, the Dietary Director will retrain the Dietary staff on the proper storage and labeling of leftover food. Documentation will be kept. Weekly inspections of the of the walk-in cooler and freezer will be performed by the Dietary Director to ensure that all leftovers are properly labeled. Documentation will be kept.

Completion Date: 05/12/2022 Licensee's Proposed Date for POC Implementation

7/22/22 JK
Not Implemented

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 3/18/22 at approximately 11:58 a.m., the refrigerator temperature measured 50 degrees Fahrenheit in the Hotpoint refrigerator/freezer.

Plan of Correction

After inspection of the refrigerator, it was discovered that the unit's built-in thermometer located on the exterior of the refrigerator is faulty. It gives a constant reading of 50°F. Effective immediately, a separate, self-standing thermometer was placed in the refrigerator to replace the factory one. The factory thermometer has been covered to ensure that the Dietary Director is only able to check the independent thermometer. Effective immediately, a service call will be placed to see if the factory thermometer can be repaired. If not, a stand-alone thermometer will continue to be used. Documentation will be kept.

Completion Date: 05/10/2022 Licensee's Proposed Date for POC Implementation

7/22/22 JK
Not Implemented

103g - Storing Food

1. Requirements

2600.

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

103g - Storing Food (continued)

Description of Violation

On 3/18/22 at 11:35 a.m., there was an open unsealed undated package of hot dogs (approximately 20 count) in the walk-in cooler in kitchen.

On 3/18/22, at approximately 11:40 a.m., there was an open unsealed 10 lb. bag of dried macaroni on the shelf in the pantry.

Plan of Correction

Accept

The package of hot dogs and unsealed bag of macaroni were discarded. Effective immediately, the Dietary Director will retrain the Dietary staff on the proper storage of food. Documentation will be kept. Weekly inspections of the of the walk-in cooler and freezer and dry goods storage will be performed by the Dietary Director to ensure that all leftovers are properly labeled. Documentation will be kept.

Completion Date: 05/12/2022 Licensee’s Proposed Date for POC Implementation

7/22/22 JK Not Implemented

183b - Meds and Syringes Locked

1. Requirements

2600.

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

Description of Violation

On 3/18/22 at approximately 11:45 a.m., there was a 0.4 oz. bottle of Nitrostat, containing 25 tablets, not labeled in the seat basket of resident #3’s wheeled walker that was unlocked and unsecured. The medication belonged to the residents’ [redacted] and was not a resident in the home.

Plan of Correction

Directed

The resident makes frequent trips off site to previous residence, and returning with medication from the home that is either [redacted] unprescribed medication. Bi-weekly inspections of [redacted] room and walker will be made by the Administrator and a sign-off sheet maintained in the resident file.

DIRECTED

Within 15 calendar days of receipt of the accepted plan of correction: The administrator or designated staff person shall audit the home weekly to ensure compliance with Regulation 2600.183(b). Documentation of audits shall be kept. 6/21/22 JK

Completion Date: 05/12/2022 Licensee’s Proposed Date for POC Implementation

7/22/22 JK Not Implemented

183d - Prescription Current

1. Requirements

2600.

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

Description of Violation

On 3/18/22 at approximately 11:45 a.m., there was a 0.4 oz. bottle of Nitrostat, containing 25 tablets, not labeled in the seat basket of resident #3’s wheeled walker that was unlocked and unsecured. The medication belonged to the residents’ [redacted] and was not a resident in the home.

Resident #6 is prescribed Humulin 70/30 Kwik Pen – Inject 20 units subcutaneously twice a day (9:00 a.m. and 5:00

183d - Prescription Current (continued)

p.m.). On 3/18/22, the pen was not dated when opened

Plan of Correction

While visiting [REDACTED] previous residence with [REDACTED] Resident #3 retrieved a bottle of [REDACTED] and returned with it. The bottle of Nitrostat was immediately disposed of and resident reminded not to keep medication in [REDACTED] room.

Resident #6's Kwik Pen was disposed and replaced with a new pen and dated when opened.

The Director of Health Services or the Resident Care Coordinator will inspect medication and diabetic supplies during weekly med cart inspections and will monitor Med Techs monthly to ensure that medications are dated when opened. Documentation will be kept.

Completion Date: 05/12/2022 Licensee's Proposed Date for POC Implementation

7/22/22 JK
Not Implemented

185a - Implement Storage Procedures**1. Requirements**

2600.

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

Description of Violation

Resident #4 is prescribed Lorazepam O.S. - 0.5mg/0.25cc (10 count syringes) – by mouth, sublingually every four hours as needed. On 3/18/22, a medication audit was conducted for resident #4. The Controlled Substance Sheet for resident #4 indicated on 3/15/22 at 8:34 a.m., resident #4 was administered 5mg of Lorazepam with 7 syringes remaining. However, a count of the medication found there to be 10 syringes remaining in the bag, a difference of 3 syringes, that were unaccounted for.

Resident #5 is prescribed blood glucose checks three times a day (7:30am, 11:30 am and 4:30 pm.). On 3/18/22, the resident's March 2022 Medication Administration Record (MAR) does not indicate blood glucose readings, to include:

* On 3/6 at 11:30 a.m.

* On 3/10 at 7:30 a.m. and at 11:30 a.m.

* On 3/13 at 7:30 a.m. and at 4:30 p.m.

* On 3/15 at 4:30 p.m.

* On 3/16 at 7:30 a.m.

Resident #6 is prescribed blood glucose checks twice daily (9:00 a.m. and 5:00 p.m.). The blood glucose levels documented in resident's March 2022 MAR, do not coincide with the readings on the glucometer, as follows:

* On 3/4/22 at 9:00 a.m., the blood glucose level documented was 147; however, the resident's glucometer indicated a blood glucose reading of 140.

* On 3/6/22 at 9:00 a.m., the blood glucose level documented was 156; however, the resident's glucometer indicated a blood glucose reading of 154.

* On 3/13/22 at 4:30 p.m. there was no blood glucose level was documented. However, the resident's glucometer indicated a blood glucose reading of 171.

* On 3/17/22 at 8:25 a.m., there was no blood glucose level documented. However, the resident's glucometer indicated a blood glucose reading of 154.

Resident #7 is prescribed blood glucose checks to be completed four times a day. (7:30 a.m., 11:30 a.m., 4:30 p.m. and

185a - Implement Storage Procedures (continued)

9:00 p.m.). On 3/18/22, there were no blood sugar readings documented in the resident's March 2022 MAR, on the following dates and times to include.

* On 3/10/22, 3/12/22, 3/13/22, 3/14/22, 3/16/22, 3/17/22 and 3/18/22 at 11:30 a.m.

* On 3/14/22 and 3/17/22 at 4:30 p.m.

* On 3/13/22, 3/14/22 and 3/17/22 at 9:00 p.m.

Resident #7 is prescribed Novolog Flex Pen Syringe 100u/ML- administer three times a day with sliding scale (7:30 a.m., 11:30 a.m., 4:30 p.m. and 9:00 p.m.) SS: 70-140=0u; 141-180=2u; 181-220=4u; 221-260=6u; 261-300=8u; 301-340=10u; 341-400=12u.

* On 3/1/22, 3/12/22, and 3/14/22, the resident's March 2022 MAR does not indicate the resident's blood glucose reading.

* On 3/17/22, at 11:30 a.m. no blood glucose levels were documented in the resident's MAR or on the resident's glucometer. However, the resident's MAR indicated 4 units of insulin were administered.

* On 3/17/22, at 4:30 p.m. no blood glucose levels were documented in the resident's MAR or on the glucometer. However, the resident's MAR indicated 4 units of insulin were administered.

Resident #8 is prescribed blood glucose checks to be completed three times a day. (7:30 a.m., 11:30 a.m., and 4:30 p.m.). The resident's blood glucose levels were not documented on the resident's March 2022 MAR as follows:

* On 3/1/22 at 7:30 a.m., 11:30 a.m., and 4:30 p.m.

* On 3/2/22 at 7:30 a.m. and 11:30 a.m.

Resident #8 is prescribed blood glucose checks to be completed three times a day. (7:30 a.m., 11:30 a.m., and 4:30 p.m.). The documentation of the resident's blood glucose readings for the March 2022 MAR do not coincide with the resident's glucometer reading as follows:

* On 3/10 at 9:10 a.m., the blood glucose reading on the resident's glucometer indicated 224. However, a reading of 227 was documented in the residents MAR.

* On 3/10 at 4:30 p.m., The blood glucose reading on the resident's glucometer indicated 87. However, a reading of 84 was documented in the residents MAR.

* On 3/11 at 9:50 a.m., the blood glucose reading on the resident's glucometer indicated 266. However, "Refused" was documented in the residents MAR.

* On 3/11 at 3:53 p.m., the blood glucose reading on the resident's glucometer indicated 69. However, a reading of 245 was documented in the residents MAR.

Resident #8 is prescribed Humalog 100u/ML Kwik Pen – Inject 6 units subcutaneously three times a day (8:00 a.m., 12:00 p.m. and 5:00 p.m.). The amount of insulin or site administered was not documented in the resident's March 2022 MAR, to include:

* On 3/5/22 and 3/6/22, at 8:00 a.m., the resident's MAR does not indicate the amount of insulin administered or the administration site.

* On 3/8/22 and 3/12/22 at 5:00 p.m., the resident's MAR does not indicate the amount of insulin administered or the administration site.

Resident #8 is prescribed Lantus Solostar 100units/M inject 17 units subcutaneously once daily (8:00 a.m.). The residents March 2022 MAR, does not indicate the amount of insulin or site administered to include:

* On 3/5/22 and 3/6/22 at 8:00 a.m., the residents MAR does not indicate the number of units and site administered to resident.

* On 3/17/22, the resident's MAR indicates 0 units of insulin were administered when prescribed 17 units of insulin and no site was indicated.

185a - Implement Storage Procedures (continued)

Plan of Correction

Directed

Resident #4 Lorazepam - Med Techs erroneously signed off medication on the wrong sheets and failed to make the proper corrections. The count sheets were corrected and staff was retrained on the proper recording and documentation of distribution. Also, staff trained on the proper method to record an error to medication logs. Documentation will be kept.

Resident #5 is prescribed blood glucose checks three times a day (7:30am, 11:30 am and 4:30 pm.). On 3/18/22, the resident's March 2022 Medication Administration Record (MAR) does not indicate blood glucose readings: Effective immediately staff will be retrained on the eMAR, blood glucose collection and data entry as part of the diabetic training. Documentation will be kept.

Resident #6 is prescribed blood glucose checks twice daily (9:00 a.m. and 5:00 p.m.). The blood glucose levels documented in resident's March 2022 MAR, do not coincide with the readings on the glucometer Effective immediately, during the diabetic training Med Techs will re-trained on the proper use of glucometers and how they serve as a medical record for a specific resident and should not be shared. Also, during this training they will be shown how to look up the most recent reading when the screen time-outs due to inactivity. Documentation will be kept.

Resident #8 is prescribed blood glucose checks to be completed three times a day. (7:30 a.m., 11:30 a.m., and 4:30 p.m.). The documentation of the resident's blood glucose readings for the March 2022 MAR do not coincide with the resident's glucometer: Effective immediately, during the diabetic training Med Techs will re-trained on the proper use of glucometers and how they serve as a medical record for a specific resident and should not be shared. Also, during this training they will be shown how to look up the most recent reading when the screen time-outs due to inactivity. Documentation will be kept.

DIRECTED

Within 15 calendar days of receipt of the accepted plan of correction: The administrator or designated staff person shall audit all controlled substances documentation weekly for accuracy and completeness. Documentation of audits shall be kept. 6/21/22 JK

Within 15 calendar days of receipt of the accepted plan of correction: The administrator or designated staff person shall audit all blood glucose and insulin administration documentation weekly for accuracy and completeness. Documentation of audits shall be kept. 6/21/22 JK

Within 15 calendar days of receipt of the accepted plan of correction: The administrator or designated staff person shall audit all staff persons administering controlled substances, insulin medications, and the documentation of insulin medications weekly for three months to ensure the home's policies and procedures are followed. Documentation of audits shall be kept. 6/21/22 JK

Completion Date: 05/12/2022

Licensee's Proposed Date for POC Implementation

7/22/22 JK
Not Implemented

187a - Medication Record

1. Requirements

2600.

187a - Medication Record (continued)

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

- 4. Strength.

Description of Violation

Resident #3 is prescribed Combigan Eye Drops, instill one drop into left eye every 12 hours. However, the medication is not indicated on the resident #3's March 2022 MAR.

Plan of Correction

Directed

Effective immediately, Director of Health Services will ensure medication record accuracy to the eMAR and a paper MAR will be kept to track prescribed medications administered when it is not listed on the eMAR. Documentation will be kept and the eMAR updated.

DIRECTED

Within 15 calendar days of receipt of the accepted plan of correction: The administrator or designated staff person shall audit al resident MARs Monthly to ensure compliance with Regulation 2600.187(a). Documentation of audits shall be kept. 6/21/22 JK

Completion Date: 05/12/2022

Licensee's Proposed Date for POC Implementation

7/22/22

Not Implemented

187b - Date/Time of Medication Admin.

1. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #6 is prescribed the following medication Levocetirizine 5mg tablet - take one ½ tablet 2.5mg daily at bedtime (9p.m.). and Atorvastatin 80 mg tablet – take one tablet by mouth daily in the evening. (9:00 p.m.). The resident's March 2022 MAR was not initialed by the staff person who administered the prescribed medication on 3/8/22 at 9:00 p.m.

Resident #7 is prescribed Novolog Flex Pen Syringe 100u/ML- administer three times a day with sliding scale (7:30 a.m., 11:30 a.m., and 4:30 p.m.) SS: 70-140=0u; 141-180=2u; 181-220=4u; 221-260=6u; 261-300=8u; 301-340=10u; 341-400=12u. Direct care staff person B signed the resident's March 2022 MAR as administering the prescribed insulin as follows.

** At 7:30 a.m. on 3/7/22,3/10/22, 3/14/22, and 3/17/22.*

** At 11:30 a.m. on 3/6/22 and 3/7/22.*

** At 4:30 p.m. on 3/4/22 through 4/6/22, 4/8/22, and 4/18/22.*

However, staff person C stated that direct care staff person B, who is not qualified to administer insulin medications, did not administer the resident's prescribed insulin.

Resident #8 is prescribed the following medication, Lantus Solostar 100units/ML - inject 17 units subcutaneously once daily (8:00 a.m.). The resident's March 2022 MAR was not initialed by the staff member who administered the medication on 4/4/22 at 8:00 a.m.

Resident #8 is prescribed the following medication Humalog 100u/ML Kwik Pen – Inject 6 units subcutaneously three times a day (8:00 a.m., 12:00 p.m. and 5:00 p.m.). The resident's March 2022 MAR was not initialed by the staff member who administered the medication on the following dates/times:

** 4/1/22 and 4/3/22 at 5:00 p.m.*

187b - Date/Time of Medication Admin. (continued)

* 4/4/22 at 8:00 a.m. and 12:00 p.m.

* 4/5/22 at 12:00 p.m.

Plan of Correction**Directed**

Effective immediately, all Med Techs will be retrained as to the proper storage, administration, recording and signing off on all controlled substances, with an emphasis on initialing a dosage given. Documentation will be kept.

To ensure accurate readings and recording of blood glucose levels, effective immediately Med Techs will check and record blood glucose levels and administer insulin if needed at the med carts in a private location.

Effective immediately, Med Techs will be re-trained as to the proper recording of medication administration and an emphasis to not sign off for medications that they themselves did not personally administer. Documentation will be kept.

DIRECTED

Within 15 calendar days of receipt of the accepted plan of correction: The administrator or designated staff person shall audit all staff persons administering medications, and the documentation of medication administration weekly for three months to ensure the compliance with Regulation 2600.187(b) and the home's medication policies and procedures are followed. Documentation of audits shall be kept. 6/21/22 JK

Completion Date: 05/12/2022 Licensee's Proposed Date for POC Implementation

7/22/22 JK

Not Implemented**187d - Follow Prescriber's Orders****1. Requirements**

2600.

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

Description of Violation

Resident #7 is prescribed Novolog Flex Pen Syringe 100u/ML- administer three times a day with sliding scale (7:30 a.m., 11:30 a.m., and 4:30 p.m.) SS: 70-140=0u; 141-180=2u; 181-220=4u; 221-260=6u; 261-300=8u; 301-340=10u; 341-400=12u. Resident #7 was not administered the correct amount of insulin per the prescriber's orders numerous times to include:

* On 3/13/22, at 7:30 a.m., the resident's glucometer indicated a blood glucose reading of 133, requiring 0 units of insulin per the sliding scale. However, 2 units of insulin was administered.

* On 3/13/22 at 10:43 a.m., the resident's glucometer indicated a blood glucose level of 199, requiring 4 units of insulin per the sliding scale. However, there is no documentation in the resident's March 2022 MAR of the blood glucose level and 0 units of insulin were administered.

* On 3/14/22, at 11:28 a.m., the resident's glucometer indicated a blood glucose reading of 101, requiring 0 units of insulin per sliding scale. However, the resident's March 2022 MAR indicated 4 units of insulin were administered and there was no blood glucose level indicated on the resident's March 2022 MAR

* On 3/15/22, at 8:00 a.m. the resident's March 2022 MAR indicated a blood glucose level of 152, requiring 2 units of insulin per the sliding scale. However, 122 was documented in the resident's March 2022 MAR and 20 units of insulin administered.

* On 3/15/22, at 4:30 p.m. the resident's March 2022 MAR indicated a blood glucose level of 212 and 0 units of insulin administered. However, there was no blood glucose level indicated on the glucometer on or near that time. At 6:18 p.m., the glucometer indicated a blood glucose level of 212 requiring 4 units of insulin per the sliding scale and beyond the one-hour window for administration based on the time indicated on the glucometer.

187d - Follow Prescriber's Orders (continued)

* On 3/15/22 p.m., at 9:00 p.m. there is no blood glucose level indicated on the glucometer; however, 210 and 0 units of insulin administered was documented in the resident's March 2022 MAR.

* On 3/16/22 at 11:30 a.m., the blood glucose level on the resident's glucometer indicated 204, requiring 4 units of insulin per the sliding scale. However, the blood glucose reading from the glucometer was not documented on the resident's March 2022 MAR and 0 units of insulin were

Resident #5 is prescribed Lantus Solostar 100u/ML inject 12 units subcutaneously once daily in morning (9:00 a.m.). On 3/18/22, the resident's March 2022 MAR indicated the following:

* On 3/7/22 and 3/13/ at 9:00 a.m. the resident's medication was not administered.

* On 3/12/22 at 11:00 a.m., indicates 20 units of insulin was administered instead of the prescribed 12 units.

Resident #5 is prescribed Novolog Flex Pen Syringe - inject 8 units subcutaneously every morning. ** hold dose if BG < or = 110** (11am). On 3/18/22, the residents March 2022 MAR indicates the following:

* On 3/5/22 and 3/13/22, at 11:00 a.m., indicates 6 units of insulin administered instead of the prescribed 8 units.

* On 3/15/22 at 11:00 a.m., indicates 0 units of insulin administered instead of prescribed 8 units.

Resident #5 is prescribed Novolog Flex Pen Syringe- inject 6 units subcutaneously at 4:00 p.m. ** hold dose if BG < or = 110**. The residents 2022 March MAR indicated on 3/13/22 and 3/15/22 at 4:00 p.m. 0 units of insulin administered, instead of the prescribed 6 units.

Resident #7 is prescribed blood glucose checks to be completed four times a day. (7:30 a.m., 11:30 a.m., 4:30 p.m. and 9:00 p.m.). The resident's March 2022 MAR did not indicate blood glucose readings were obtained and the resident's MAR does not indicate a blood glucose reading on 3/5/22 and 3/6/22 at 7:30 a.m.

Resident #7 is prescribed Novolog Flex Pen Syringe 100u/ML- administer three times a day with sliding scale (7:30 a.m., 11:30 a.m., and 4:30 p.m.) SS: 70-140=0u; 141-180=2u; 181-220=4u; 221-260=6u; 261-300=8u; 301-340=10u; 341-400=12u.

* The resident's March 2022 MAR did not indicate blood glucose readings were obtained or any of the prescribed medication was administered on 3/5/22 and 3/6/22 at 7:30 a.m.

* On 3/15/22 at 8:00 a.m. the resident's blood glucose level documented in the resident's MAR was 122 and indicates 20 units of insulin were administered. However, the resident's glucometer indicated a blood glucose reading of 152. Per the sliding scale only 2 units of insulin should have been administered.

* On 3/15/22 at 4:30 p.m., there was no blood glucose level documented in the resident's March 20202 MAR and indicate 0 units of insulin administered. However, the blood glucose level indicated on the glucometer was 192. Per the sliding scale 4 units of insulin should have been administered

* On 3/16/22 at 11:30 a.m., no blood glucose levels were documented in the resident's March 2020 MAR and 0 units of insulin administered. However, the blood glucose level indicated on the glucometer was 204. Per the sliding scale 4 units of insulin should have been administered.

Resident #8 is prescribed Humalog 100u/ML Kwik Pen – Inject 6 units subcutaneously three times a day (8:00 a.m., 12:00 p.m. and 5:00 p.m.). The resident's March 2022 MAR indicates 0 units of insulin were administered.

Plan of Correction**Directed**

Effective immediately, an incident report will be filed for by the Health Services Director whenever there is a discrepancy between a prescribed order and a dosage given. Documentation will be kept.

Effective immediately and during the diabetic training, all staff will be trained to pass medication will receive

187d - Follow Prescriber's Orders (continued)

re-training on the proper collection of blood glucose levels, administration of insulin and recording of data. This will include the importance of proper dosages and the reporting of errors. If an error is made, the Med Tech will contact the Clinical Care Coordinator who will contact the doctor for further instruction. Documentation will be kept.

The Health Services Director will perform a weekly Med Cart audit with an emphasis on blood glucose readings, eMAR entries, administered insulin and errors. These will be reported to the Administrator and an incident report created. Documentation will be kept.

DIRECTED

Within 15 calendar days of receipt of the accepted plan of correction: The administrator or designated staff person shall audit all staff persons administering medications, and the documentation of medication administration weekly for three months to ensure the compliance with Regulation 2600.187(d) and the home's medication policies and procedures are followed. Documentation of audits shall be kept. 6/21/22 JK

Completion Date: 05/12/2022 Licensee's Proposed Date for POC Implementation 7/22/22
Not Implemented

251b - Record Entries Legible

1. Requirements

2600.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

On 3/18/22, the home's Shift-to-Shift Narcotic Sign-Off Sheet for resident #4, has correctional fluid on line #6

Plan of Correction

Accept

Effective immediately, Narcotic Sign-Off sheets will be reviewed daily by the Health Services Director or the Clinical Care Coordinator for four weeks and then weekly every month to ensure that staff is properly signing off on medication that is administered. Errors that are discovered will be addressed immediately with the staff member. Documentation will be kept.

Completion Date: 05/12/2022 Licensee's Proposed Date for POC Implementation 7/22/22 JK
Not Implemented