

Department of Human Services
Bureau of Human Service Licensing

June 3, 2022

[REDACTED], ADMINISTRATOR

RE: VINE STREET MANOR
230 NORTH 65TH STREET
PHILADELPHIA, PA, 19139
LICENSE/COC#: 14234

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/22/2022, 03/23/2022 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: *VINE STREET MANOR* License #: *14234* License Expiration: *11/02/2022*
Address: *230 NORTH 65TH STREET, PHILADELPHIA, PA 19139*
County: *PHILADELPHIA* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: [REDACTED]

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *10/20/2010* Issued By: *City of Philadelphia, L&I*

Staffing Hours

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

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *03/23/2022*

Inspection Dates and Department Representative

03/22/2022 - On-Site: [REDACTED]
03/23/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *84* Residents Served: *59*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *42* Are 60 Years of Age or Older: *35*
Diagnosed with Mental Illness: *55* Diagnosed with Intellectual Disability: *4*
Have Mobility Need: *4* Have Physical Disability: *4*

Inspections / Reviews

03/22/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/30/2022*

Inspections / Reviews (*continued*)

05/16/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *05/19/2022*

05/25/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *05/28/2022*

06/03/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

2600.

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

Description of Violation

On [REDACTED] 21, resident #1 fell and was sent to the hospital. Resident remained in the hospital until [REDACTED] /21. The home did not submit an incident report to the Department.

Plan of Correction

Accept

The home's designee, [REDACTED], and home's head nurses, [REDACTED] will report all hospitalizations to the administrator within 2 hours of each hospitalization. The administrator, [REDACTED], will then ensure a written incident report is sent to the Department within 24 hours of a resident going to the hospital.

Completion Date: 05/18/2022

Document Submission

Implemented

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

Per ServSafe rules, hot food should be served at 135 degrees Fahrenheit and cold food should be served at 41 degrees Fahrenheit. On 03/23/2022, at lunch service, the home was serving spaghetti with tomato sauce out of an unheated chaffing pan and a garden salad out of an unrefrigerated chaffing pan.

Plan of Correction

Accept

The home now has a warming table in the dining area that is used to serve all hot food items during meal times. The home will use aluminum foil baking pans with ice to be placed under containers with cold food items to ensure all cold food remains cold during serving times. Please see attached receipt for foil baking pans and image.

Completion Date: 05/03/2022

Document Submission

Implemented

Please see attached

19 - Review Waiver

1. Requirements

2600.

19. Waivers

- a. A home may submit a written request for a waiver of a specific requirement contained in this chapter. The waiver request must be on a form prescribed by the Department. The Secretary, or the Secretary's appointee, may grant a waiver of a specific requirement of this chapter if the following conditions are met:
1. There is no jeopardy to the residents.
 2. There is an alternative for providing an equivalent level of health, safety and well-being protection of the residents.
 3. Residents will benefit from the waiver of the requirement.

19 - Review Waiver (continued)

- b. The scope, definitions, applicability or residents' rights under this chapter may not be waived.
- c. At least 30 days prior to the submission of the completed written waiver request to the Department, the home shall provide a copy of the completed written waiver request to the affected resident and designated person to provide the opportunity to submit comments to the Department. The home shall provide the affected resident and designated person with the name, address and telephone number of the Department staff person to submit comments.
- d. The home shall discuss the waiver request with the affected resident and designated person upon the request of the resident or designated person.
- e. The home shall notify the affected resident and designated person of the approval or denial of the waiver. A copy of the waiver request and the Department's written decision shall be posted in a conspicuous and public place within the home.
- f. The Department will review waivers annually to determine compliance with the conditions required by the waiver. The Department may revoke the waiver if the conditions required by the waiver are not met.
- g. A waiver granted prior to October 24, 2005, is no longer in effect as of October 24, 2006.

Description of Violation

On May 23, 2017, the home received a letter from the PA Department of Human Services (DHS) that a waiver is not required for staff person A's educational requirement because staff person A has received 27 credits from Montgomery County Community College. The letter also states that the DHS letter and a copy of staff person A's educational documentation must be kept in staff person A's file. On 03/23/2022, a copy of staff person A's educational documentation were not in the staff person's file.

Plan of Correction

Accept

The home's administrator, [REDACTED], and the home's designee, [REDACTED], will audit all staff files on a monthly basis to ensure that all employee files contain the necessary information to remain compliant.

Completion Date: 05/18/2022

Document Submission

Implemented

20b1 - Financial Records

1. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

- 1. The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

Description of Violation

The home manages the finances for resident #1. However, the home did not maintain a record of financial transactions beyond 11/19/2020. The resident has been in the home at least until [REDACTED].

The home manages the finances for resident #2. However, The home's record of financial transactions are incorrect;

- [REDACTED]
- [REDACTED]
- [REDACTED]

Plan of Correction

Directed

From now on, the home's Director of Benefits, [REDACTED], will conduct audits of the home's finances on a monthly basis.

20b1 - Financial Records (continued)*Directed**Within 15 calendar days of receipt of the accepted plan of correction: The administrator or designee will conduct an initial and monthly audit of financial records and finances for all residents who the home is providing financial management.**Within 15 calendar days of receipt of the plan of correction: The administrator or designee will develop and implement a system to ensure there is a record of financial transactions for each resident who has funds managed by the home including dates, amount of deposits, amounts of withdraws, cash disbursements, current balances and quarterly account statements. This policy will include the steps the home will take to ensure resident funds will be distributed during normal business hours within 24 hours of the resident's request. All staff persons managing or handling resident funds will be educated on the home's financial management system. ■■■ 5/25/22***Completion Date:** 05/19/2022**Document Submission****Implemented****20b8 - Quarterly Account****1. Requirements**

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

8. The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

Description of Violation*The home is not maintaining an itemized account of financial transactions on a quarterly basis. This is verified by a review of resident #s 1, 2, 3 and 4 records for which there are no copies of quarterly account of financial transactions.***Plan of Correction****Accept***The home accepted a large amount of residents in August of 2021. The staff member in charge of maintaining those quarterly statements unfortunately neglected to keep up with those financial transactions on a quarterly basis. That staff member no longer works at Vine Street Manor. The home's director of benefits has reconciled the quarterly statements. Please see the attachments for resident #s 1, 2, 3 and 4. From this point on, the director of benefits will continue to complete quarterly statements. Also, the home is not and never has been the rep payee for these residents. The home cashed checks and passed funds for these residents from third parties as a service to the residents. The home no longer holds funds on behalf of these residents. The director of benefits will ensure this distinction is clear in the home's record keeping going forward.***Completion Date:** 04/27/2022**Document Submission****Implemented****26b - Quality Management Plan Content****1. Requirements**

2600.

26.b. The quality management plan shall address the periodic review and evaluation of the following:

1. The reportable incident and condition reporting procedures.
2. Complaint procedures.
3. Staff person training.

26b - Quality Management Plan Content (continued)

4. Licensing violations and plans of correction, if applicable.
5. Resident or family councils, or both, if applicable.

Description of Violation

The home's quality management review dated 03/03/2022 did not address complaint procedures, staff person training, licensing violations and plans of correction, resident or family councils.

Plan of Correction**Accept**

The home's quality management meeting plan has been updated, please see attached. The next quality management plan meeting is scheduled for June 2022 and all required areas will be covered. The home's director of benefits will be in charge of all quality management plans in the future. Please see attached.

Completion Date: 04/27/2022

Document Submission**Implemented****28f - Resident's Funds and 30-day Refund****1. Requirements**

2600.

- 28.f. Within 30 days of either the termination of service by the home or the resident's leaving the home, the resident shall receive an itemized written account of the resident's funds, including notification of funds still owed the home by the resident or a refund owed the resident by the home. Refunds shall be made within 30 days of discharge.

Description of Violation

Resident #1's record does not contain a discharge date, a reason for discharge, an itemized list of financial transactions or documentation that a refund was provided.

Plan of Correction**Accept**

The facility has recently been in contact with resident #1's social worker, who indicated that resident #1 might return to the facility from her current rehabilitation facility. However, the home has created discharge paperwork for resident #1, please see attached. Moving forward, the administrator, [REDACTED], will ensure that all future residents receive discharge paperwork, an itemized written account of the resident's funds including notification of funds still owed the home by the resident or a refund owed the resident by the home. Administrator will also ensure that all refunds will be made within 30 days of discharge.

Completion Date: 04/26/2022

Document Submission**Implemented****44g - Telephone Number****1. Requirements**

2600.

- 44.g. The telephone number of the Department's personal care home regional office, the local ombudsman or protective services unit in the area agency on aging, Pennsylvania Protection & Advocacy, Inc., the local law enforcement agency, the Commonwealth Information Center and the personal care home complaint hotline shall be posted in large print in a conspicuous and public place in the home.

44g - Telephone Number *(continued)***Description of Violation**

The telephone numbers of the Department's personal care home regional office, Disability Rights Pennsylvania (DRP) the local law enforcement agency, the Commonwealth Information Center and the personal care home complaint hotline is not posted in a conspicuous and public place in the home.

Plan of Correction**Accept**

All required numbers have been posted on the message board by each elevator. In the future, the Administrator and designee will ensure all numbers are posted at all times. Please see attached.

Completion Date: 04/29/2022

Document Submission**Implemented**

51 - Criminal Background Check

1. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff member B's date of hire is [REDACTED], staff member B's criminal background check request was not completed until 03/22/2022, the date of this inspection. The Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) requires the home to determine if the applicant has held permanent residency in a state other than Pennsylvania within the past two years and request the appropriate criminal background checks from the Pennsylvania State Police and FBI on or before the first day of work.

Plan of Correction**Accept**

Staff member B's background check was done upon hiring. However, the administrator noticed the staff member's background check was missing from the file so [REDACTED] decided to do another one. From now on, the administrator will keep an electronic copy on file for all staff members. Administrator will also audit all staff member files on a monthly basis to ensure all files are in compliance.

Completion Date: 04/29/2022

Document Submission**Implemented**

Maintain audits for Department review.

53c - Administrator Duties

1. Requirements

2600.

- 53.c. The administrator shall be responsible for the administration and management of the home, including the health, safety and well-being of the residents, implementation of policies and procedures and compliance with this chapter.

Description of Violation

The administrator was not able to provide a discharge date for resident #1, a reason for discharge or documentation that a refund was provided.

53c - Administrator Duties (continued)

An initial list of residents was provided containing 64 residents. When it was noted that at least one resident was no longer in the home, the administrator then provided a new resident list containing 59 residents.

Plan of Correction**Accept**

Discharge paperwork for resident #1 has been updated, please see attached.

The initial list of residents given to the inspectors by staff was outdated. The administrator will post an updated list in the nursing station and audit the list on a weekly basis and update as needed.

Completion Date: 04/29/2022

Document Submission**Implemented**

Maintain audits for Department review

62 - Contact List**1. Requirements**

2600.

62. List of Staff Persons - The administrator shall maintain a current list of the names, addresses and telephone numbers of staff persons including substitute personnel and volunteers.

Description of Violation

Staff person C, [REDACTED], maintains a list of staff persons that does not include the last names of two of the staff members.

Plan of Correction**Accept**

The current list of staff members has been updated. The receptionist will audit the staff list on a weekly basis to ensure it is accurate. Please see attached list.

Completion Date: 04/29/2022

Document Submission**Implemented**

Maintain audits for Department review

66b - Training Plan Content**1. Requirements**

2600.

- 66.b. The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:
1. The name, position and duties of each direct care staff person.
 2. The required training courses for each staff person.
 3. The dates, times and locations of the scheduled training for each staff person for the upcoming year.

Description of Violation

The home's staff training plan does not include the name, position and duties of each direct care staff person, the dates, times and locations of the scheduled training for each staff person for the upcoming year.

Plan of Correction**Accept**

The home has created a new training plan including all required information. The inspectors were shown a training record that the home had conducted for a previous violation. Please see attached new training plan.

Completion Date: 05/03/2022

66b - Training Plan Content *(continued)*

Document Submission

Implemented

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation*There were several unsanitary issues found during this inspection:*

- *On 03/22/22 at 10:28 AM, a dried brown liquid was found on the floor in room B-12,*
- *On 03/23/22 during the physical inspection, water was found on the floor of the third floor bathroom,*
- *On 03/23/22 during the physical inspection, feces was found on the toilet seat in the first stall of the 2nd floor hall bathroom,*
- *On 03/23/22 during the physical inspection, a sticky brown liquid was found on the floor of the first floor bedroom A-1,*
- *On 03/23/22 during the physical inspection, liquid was found on the floor around the toilet in the first stall of the first floor hall bathroom,*
- *On 03/23/22 during the physical inspection, a box of Shishito Peppers was found in the dry storage area refrigerator. The peppers were moldy and rotten.*
- *On 03/23/22 during the lunch service, licensing representative witnessed iced tea being served by staff out of a 5 gallon bucket using a plastic pitcher which would then be dropped back into the bucket. The bucket was not clean.*

Plan of Correction***Accept***

All bathrooms and resident rooms are cleaned on a constant basis. From now on, all bathrooms will be cleaned every 2 hours, resident rooms will be cleaned every 4 hours. Cleanings will be verified by checklists posted in bathrooms and on each resident floor. Please see attached.

The home's kitchen storage area has been cleaned. Kitchen staff will check all food items daily for compliance. The kitchen items being used were inspected and the home determined that they were clean. However, over time the items used became discolored over time. The home has replaced the discolored items with new ones and will monitor the items for discoloration in the future.

*-DONE***Completion Date:** *04/29/2022*

Document Submission

Implemented

88a - Surfaces

1. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation*The floor in the back dining room is uneven and there are two 2 inch holes in the floor that pose a hazard.**The floor by the side exit of the back dining room is sunken in and poses a tripping hazard.*

88a - Surfaces (continued)**Plan of Correction****Accept**

All kitchen staff members have been instructed to report any repairs that need to be fixed in the dining room area to the administrator, [REDACTED], or to the home's designee, [REDACTED]. Also, staff member [REDACTED] will analyze the dining hall thoroughly on a weekly basis and tell the administrator if any repairs are needed.

Completion Date: 05/18/2022**Document Submission****Implemented****91 - Telephone Numbers****1. Requirements**

2600.

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

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the resident's phone in the kitchen.

Plan of Correction**Accept**

All emergency telephone numbers are placed by the phone. The home's administrator, [REDACTED], will check the area on a weekly basis to ensure the numbers are always posted by the phone.

Completion Date: 05/19/2022**Document Submission****Implemented****95 - Furniture and Equipment****1. Requirements**

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

Two chairs in the main dining room are broken and pose a hazard.

Plan of Correction**Accept**

The two hazardous chairs have been replaced in the main dining room. In the future, the home's designee and kitchen staff will monitor all dining room furniture to ensure all furniture and equipment are in good repair, clean and free of hazards.

Completion Date: 04/29/2022**Document Submission****Implemented****96a - First Aid Kit****1. Requirements**

2600.

96a - First Aid Kit (*continued*)

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The home's first aid kit does not include tweezers.

Plan of Correction**Accept**

The home's main nurses, [REDACTED] will audit the first aid kit on a weekly basis and report missing items directly to the administrator, [REDACTED]. The administrator will then replace necessary missing items within 24 hours.

Completion Date: 05/19/2022

Document Submission**Implemented**

101j3 - Bed/Linens/Pillows/Blankets

1. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

3. Pillows, bed linens and blankets that are clean and in good repair.

Description of Violation

The bed for resident #3 does not have a pillow.

The bed for resident #5 has sheets on the bed that are soiled.

Plan of Correction**Accept**

Resident #3's roommate frequently takes [REDACTED] pillow. The home has given resident #3 an additional pillow so that [REDACTED] roommate can keep both pillows. Resident #5 often eats in [REDACTED] bedroom and had spilled coffee on [REDACTED] sheets. Staff has been instructed to look out for sheets with stains on them on a shift by shift basis. From now on, all resident rooms will be cleaned every 4 hours. Please see violation 85a.

Completion Date: 04/29/2022

Document Submission**Implemented**

101j6 - Mirror

1. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

6. A mirror.

Description of Violation

There is no mirror in the bedroom of resident #6.

Plan of Correction**Accept**

Resident #6's rasp has been updated to show that resident #6 doesn't want a mirror in [REDACTED] bedroom. Resident #6 has also signed documentation stating that [REDACTED] doesn't want a mirror in [REDACTED] room. Please see attached.

Completion Date: 04/29/2022

101j6 - Mirror (continued)**Document Submission****Implemented***See attached.***101o - Walls, Floors, Ceilings****1. Requirements**

2600.

101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

Description of Violation*The ceiling in bedroom B-18 has a tile that is brown from what appears to be water damage.***Plan of Correction****Accept***The ceiling tile in bedroom B-18 has been replaced. The home inspected the source of the stain and determined that the stain was caused by a previous leak. Extra ceiling tiles have been purchased for future incidents. Rooms will be checked every 4 hours, see violation 85a.***Completion Date:** 04/29/2022**Document Submission****Implemented****103g - Storing Food****1. Requirements**

2600.

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

Description of Violation*A bag of rice in the dry storage area was opened and unsealed.***Plan of Correction****Accept***All open bags have been sealed and dated. The kitchen staff will monitor all food in the storage area on a daily basis to ensure all food is in compliance. Please see attached kitchen checklist.***Completion Date:** 04/29/2022**Document Submission****Implemented****103i - Outdated Food****1. Requirements**

2600.

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

Description of Violation*The following items were found unlabeled and undated in the dry storage area;*

- *A bag of egg noodles,*
- *An opened loaf of bread,*
- *an opened bag of rice.*

103i - Outdated Food (*continued*)**Plan of Correction****Accept**

All open food bags have been sealed and labeled. In the future, the kitchen staff will monitor all food items daily to ensure all food is in compliance. Please see attached kitchen checklist.

Completion Date: 04/29/2022

Document Submission**Implemented**

105g - Lint Removal and Duct Cleaning

1. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 03/23/22, there was a large accumulation of lint in the lint trap of the clothes dryer. A cigarette butt was also found in the lint trap.

Plan of Correction**Accept**

A lint removal sign has been posted in the laundry room to remind staff to clean the dryer lint trap before and after each use. A checklist has been created to ensure that the lint is removed before and after each dryer use. Kitchen staff will monitor laundry room on a daily basis to ensure compliance. Please see attached.

Completion Date: 04/29/2022

Document Submission**Implemented**

107d - Procedure Emergency Management Agency Submission

1. Requirements

2600.

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

Description of Violation

The home's written emergency procedures have not been updated or submitted since 09/13/2019.

Plan of Correction**Accept**

The home's written emergency procedures have been updated, posted, reviewed with all staff members & residents and has been submitted. Please see attached procedures and submission receipt.

Completion Date: 05/03/2022

Document Submission**Implemented**

132b - Safety Inspection/Fire Drill

1. Requirements

2600.

132b - Safety Inspection/Fire Drill (continued)

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

The last fire safety inspection observed by a fire safety expert was conducted on 03/15/2022. The previous fire safety inspection conducted by a fire safety expert was completed on 08/28/2018.

- *There is no indication that a fire drill was witnessed during the most recent fire safety inspection.*
- *The fire safety inspector listed on the 03/15/22 inspection was contacted regarding the "fire safe area" listed on the inspection. The inspector, who is a lieutenant in the Philadelphia Fire Department, stated the listing of the "TV Room" as a fire safe area was an error and stated the home does not have any fire safe areas.*

Plan of Correction**Accept**

The home did have a fire drill witnessed during the last fire safety inspection conducted on 03/15/2022. However, the fire safety experts didn't fill out the facility's fire drill book documenting the witnessed fire drill. Instead, the facility was given paperwork directly from the fire safety experts confirming their visit.

The home has contacted the local fire department regarding fire safety areas and they have instructed the facility to schedule another inspection. The fire official was unable to provide us with a certain date at this time, however we expect this re-inspection to be done by June 15th, 2022.

Completion Date: 05/03/2022

Document Submission**Implemented**

Provide documentation

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 record for the drill conducted on 03/15/22 does not include the correct number of residents; 62 residents are listed as evacuating the home during the drill. On 03/22/22, the administrator is stating there are 59 residents in the home. Since 03/15/22 there has been only one discharge from the home.

Plan of Correction**Accept**

Staff has been reminded that a proper headcount is of the utmost importance during all fire drills. A current and correct resident list has been posted in the nursing station to ensure all staff members are aware of the correct census at all times.

Completion Date: 04/26/2022

Document Submission**Implemented****132d - Evacuation****1. Requirements**

2600.

132d - Evacuation (continued)

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

Based on the inspection dated 03/15/22, the fire safety expert states the maximum time for evacuation is 2 minutes and 9 seconds. Since the previous fire safety inspection was completed more than a year prior, the home did 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:

- 12/19/21 at 10:52 PM.
- 01/16/22 at 7:41 PM,
- and 02/18/22 at 3:03 PM.

Plan of Correction**Accept**

The home will be contacting a fire safety expert on correct evacuation times for Vine Street Manor. Until further notice, the home will comply with the current evacuation time allotted by the fire department.

Completion Date: 05/02/2022

Document Submission

Implemented**132f - Alternate Exit Routes****1. Requirements**

2600.
132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

The front and back lobby exits were the only exit routes used during the fire drills held from January 2022 to March 2022.

Plan of Correction**Accept**

The home's fire safety personnel [REDACTED] and all staff members have been instructed to use alternative exit routes during the fire drills, and to block certain exit routes to ensure all exits are used during drills.

Completion Date: 05/02/2022

Document Submission

Implemented**141a - Medical Evaluation****1. Requirements**

2600.
141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

A medical evaluation was not complete within 60 days prior to admission or within 30 days after admission for resident #7.

141a - Medical Evaluation (continued)**Plan of Correction****Accept**

Resident #7 was using a doctor that refused to comply with home to get a new DME within 30 days after admission. Resident #7 has since chosen to use the home's doctor who is compliant with the facilities needs. Resident #7 now has a current DME. Please see attached.

Completion Date: 04/26/2022

Document Submission**Implemented****162c - Menus Posted****1. Requirements**

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home's menu for the week of 03/22/22 to 03/28/22 (Tuesday to Monday) and 03/29/22 to 04/04/22 (Tuesday to the following Wednesday) with the headings of Sunday through Saturday were posted. However, the dates did not correlate to the days of the week.

Plan of Correction**Accept**

The current menus have been changed to show dates that correctly correlate to the days of the week. The administrator will make sure all future menus have dates that correlate to the days of the week. Please see attached.

Completion Date: 05/02/2022

Document Submission**Implemented****162e - Menu Changes****1. Requirements**

2600.

162.e. A change to a menu shall be posted in a conspicuous and public place in the home and shall be accessible to a resident in advance of the meal. Meal substitutions shall be made in accordance with § 2600.161 (relating to nutritional adequacy).

Description of Violation

On 3/23/22, garlic bread, applesauce and a choice of milk or ice tea were listed on the menu for the lunch meal. A garden salad was served instead. No milk was offered to the residents. No notice was provided to the residents in advance of the meal.

Plan of Correction**Accept**

The home has a new posted "menu changes" board posted by the nursing station to inform resident of any new menu changes. Please see attached receipt for menu changes board. The kitchen staff and administrator will ensure all menu changes are posted on the board in a timely manner to ensure compliance.

Completion Date: 05/03/2022

162e - Menu Changes (*continued*)Document Submission*Implemented*

184a - Labeling OTC/CAM

1. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation*Two unlabeled tabs of Alka Seltzer were found on the home's medication cart.***Plan of Correction***Accept*

Alka Seltzer was prescribed for resident [REDACTED]. The medication was in a loose labeled box, however, when the medication cart drawer was pulled open two tabs of Alka Seltzer came out of the box. In the future, medication supervisor will ensure that all medication is properly stored, labeled and secured in the medication cart. All medication staff has received a written warning about medication errors, including the home's new policy on medication errors. Also, on or before June 15th, 2022 the facility will have a three-day audit completed by Medicare Pharmacy. The pharmacy will also start a demo for electronic MARs, which will eliminate future medication errors.

Completion Date: 04/26/2022Document Submission*Implemented**Maintain audits for Department review*

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*On 03/23/22, at 9:25 AM, the glucometer for resident #10 displayed the date as 03/23/22 and time as 8:28 AM.***Plan of Correction***Accept*

The glucometer for resident #10 had not been set to the correct time due to daylight savings time. However, the home has now corrected all glucometers to the correct time. In the future, the medication supervisor will ensure that all glucometers are set to the correct times. All medication staff has received a written warning about medication errors, including the home's new policy on medication errors. Also, on or before June 15th, 2022 the facility will have a three-day audit completed by [REDACTED]. The pharmacy will also start a demo for electronic MARs, which will eliminate future medication errors.

Completion Date: 04/26/2022Document Submission*Implemented**COMPLETE*

190a - Completion Medication Course

1. Requirements

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person A, who has not successfully completed the annual practicums required for the Department-approved medications administration course, administered medications to residents to include the following:

- *On 03/01/22 at 5:00 PM, 9:00 PM*
- *On 03/02/2022 at 5:00 PM, 9:00 PM*
- *On 03/03/2022 at 5:00 PM, 9:00 PM*

Staff person D has not successfully completed the annual practicums required for the Department-approved medications administration course. Staff person D took the Initial Training and passed on 07/09/2020 and passed the Initial Training again on 07/07/2021 instead of completing the annual practicum.

Plan of Correction

Accept

The home's administrator, [REDACTED], and designee, [REDACTED], will audit all staff files on a monthly basis to ensure all employees remain compliant with their training.

Completion Date: 05/19/2022

Document Submission

Implemented

190b - Insulin Injections

1. Requirements

2600.

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

Description of Violation

On 03/01/2022, at 5:00 PM and 9:00 PM, staff person A, who has not successfully completed an annual practicum since 09/10/2018 to maintain compliance with the Department-approved medications administration course, administered insulin to resident #10. Staff person A has administered insulin and other medications on multiple dates throughout March of 2022 and previously.

Plan of Correction

Accept

The home's administrator, [REDACTED], and designee, [REDACTED], will audit all staff files on a monthly basis to ensure all employees remain compliant with their training.

Completion Date: 05/19/2022

Document Submission

Implemented

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 was not completed.

Plan of Correction**Accept**

Resident #8's prescreen was in [REDACTED] file at the time the inspectors came to the facility. The home now uses tabula pro for all resident prescreens, which includes a tickler system and guarantees all parts of the prescreen are filled out.

Completion Date: 05/19/2022

Document Submission**Implemented****225c - Additional Assessment****1. Requirements**

2600.

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

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident #1's most recent assessment was completed on [REDACTED]

Resident #4's most recent assessment dated [REDACTED] indicates the resident is independent in managing [REDACTED] finances. The home has been managing [REDACTED] finances dating back to [REDACTED]. The resident's date of admission is [REDACTED].

Plan of Correction**Accept**

The home now uses tabula pro, which uses a tickler system to send reminders to the administrator, [REDACTED], about when all RASPs are due. The administrator, [REDACTED], and designee, [REDACTED], will check all RASPs every three months to make sure all information is accurate, and make changes if necessary.

Completion Date: 05/19/2022

Document Submission**Implemented****228e - Discharge and Transfer****1. Requirements**

2600.

228.e. The date and reason for the discharge or transfer, and the destination of the resident, if known, shall be recorded in the resident record.

Description of Violation

Resident #1 was discharged from the home. The resident's record does not include the date of discharge, the reason for discharge, the destination of the resident.

Plan of Correction**Accept**

The home's designee, [REDACTED], and home's head nurses, [REDACTED] report all hospitalizations to the administrator within 2 hours of each hospitalization. If a resident is discharged from the

228e - Discharge and Transfer (continued)

facility, the home's administrator, [REDACTED], will update the resident's file and ensure all necessary paperwork is kept in the resident's file. The administrator will audit all resident files on a monthly basis to make sure all files are kept up to date and accurate.

Completion Date: 05/19/2022

Document Submission

Implemented

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 03/22/2022 the home's current violation report, dated 03/09/2021, was not posted in a conspicuous and public place in the home.

Repeat Violation: 03/09/2021

Plan of Correction

Accept

The home's administrator, [REDACTED], will check the bulletin board on a weekly basis to ensure the home's current violation report is always posted in a conspicuous and public place in the facility.

Please see attached requested documents for CPR training and [REDACTED] RASP. I'm unable to upload attachments on the actual violations that requested the documentation.

Completion Date: 05/18/2022

Document Submission

Implemented

53g - Financial Management**1. Requirements**

2600.

53.g. The administrator shall have the ability to maintain or supervise the maintenance of financial and other records.

Description of Violation

The home is not keeping accurate financial records for the residents;

- The home's "Payee Representative" list is inaccurate;

- Resident #2 is not on the list, however the home has financial records for the resident.
- Resident #4 is not on the list, however the home has financial records for the resident.

- The home manages the finances for resident #1. However, The home did not maintain a record of financial transactions beyond 11/19/2020. The resident has been in the home at least until 10/25/2021.

- Resident #1's record does not contain a discharge date, a reason for discharge, an itemized list of financial transactions or documentation that a refund was provided.

53g - Financial Management (continued)

- The home manages the finances for resident #2. However, The home's record of financial transactions are incorrect;

- [Redacted]

Repeat Violation: 03/09/2021

Plan of Correction

Accept

The home's representative payee list is accurate. The reason financial records for residents #2 and #4 is because the residents rep payees were delivering their funds to the home. The home would then turn those funds over to the residents. The home keep track of those financial transactions for the sake of accuracy. The home will no longer accept funds from outside representative payees on behalf of residents. The home no longer accepted funds for resident #1 from their representative payee after November 2020. The discharge paperwork for resident #1 has been created. Please see 228e and attached paperwork.

Resident #2's financial transactions have been corrected. Please see violation 20b1 and attached paperwork. The director of benefits will audit financial books once a month moving forward.

-DONE

Completion Date: 04/29/2022

Document Submission

Implemented

63a - First Aid/CPR Training

1. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On Wednesday (03/16/22 and 03/23/22), Thursday (03/17/22 and 03/24/22), Friday (03/18/22 and 03/25/22) and Saturday (03/19/22 and 03/26/22) from 11:00 PM to 7:00 AM, 59 residents were present in the home. During this time only 1 staff person was present in the home who was certified in first aid, obstructed airway techniques and CPR.

Repeat Violation: 03/09/2021

Plan of Correction

Accept

Training for all staff will be completed on May 4th, 2022. Currently, our CPR trained staff has been scheduled to ensure two trained people are on each shift until CPR training has been completed for the rest of our staff. The director of nursing will audit the staff schedule on a weekly basis to make sure two trained staff members are present during each shift.

Completion Date: 04/26/2022

Document Submission

Implemented

See attached.

102h - Toilet Paper

1. Requirements

2600.

102h - Toilet Paper (continued)

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

Description of Violation

On 03/23/22, during the physical site inspection, there was no toilet paper for the toilet in the second stall of the second floor hall bathroom.

On 03/23/22, during the physical site inspection, there was no toilet paper for the toilet in the right side stall of the first floor hall bathroom.

Repeat Violation: 03/09/2021

Plan of Correction**Accept**

While housekeeping does check for toilet paper, housekeeping staff replaces toilet paper during their shift and staff replaces toilet paper throughout the day because residents tend to remove the toilet paper from the bathrooms. The administrator will add extra toilet paper in the storage area so that staff always has access to extra toilet paper at all times. All bathrooms will be checked every 2 hours, please see violation 85a.

Completion Date: 04/26/2022

Document Submission**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 03/23/22, at 10:58 AM, the temperature in the freezer in the back of the home was 20 degrees Fahrenheit.

Repeat Violation: 03/09/21, 06/25/19, et al.

Plan of Correction**Accept**

The freezer temperature is properly displayed on the built in thermometer located at the bottom of the freezer. The administrator sent a picture of the thermometer with the accurate temperature to supervisor [REDACTED]. The hanging thermometer observed by the inspectors on 03/22/2022 has been removed from the freezer. The home's kitchen staff has been advised to check the freezer temperature on a daily basis to ensure compliance.

Completion Date: 04/28/2022

Document Submission**Implemented****2. 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

There was no thermometer in the refrigerator in the dry storage area.

Repeat Violation: 03/09/21

103f - Refrigerator/Freezer Temps (*continued*)**Plan of Correction****Accept**

A hanging thermometer has been placed in the fridge and when last checked on April 26th, the temperature was below 40 degrees fahrenheit. The kitchen staff has been advised to check the thermometer on a daily basis to ensure compliance.

-DONE

Completion Date: 05/02/2022

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 #1's most recent medical evaluation was completed on [REDACTED]. The resident's previous medical evaluation was completed on [REDACTED].

Resident #4's most recent medical evaluation was completed on [REDACTED]. The resident's previous medical evaluation was completed on [REDACTED].

Resident #8's most recent medical evaluation was completed on [REDACTED]. The resident's previous medical evaluation was completed on [REDACTED].

Repeat Violation: 03/09/2021

Plan of Correction**Accept**

Residents #1, #4 and #8 have all chosen to work with the home's doctor, [REDACTED]. The home also now uses tabula pro for all DMEs, which includes a tickler system to notify the administrator when all DMEs need to be updated. The home's administrator, [REDACTED], will work with the home's doctor to ensure all DMEs are completed in a timely manner.

Completion Date: 05/19/2022

Document Submission**Implemented**

144d - Smoking Outside

1. Requirements

2600.

144.d. Smoking outside of the smoking room is prohibited.

Description of Violation

Evidence of smoking outside of the designated smoking areas is rampant throughout the home. House rules state that smoking inside the home is strictly prohibited, The home's designated smoking area is outside by the benches or in the "smoke house".

- On 03/22/22 at 10:28 AM, six cigarette butts were found on the floor of bedroom B-12. Further, two resident beds*

144d - Smoking Outside (continued)

had holes burnt into the sheets.

- On 03/22/22 at 10:42 AM, a resident was observed smoking outside in an area that has a sign posted that says "No smoking in this area". Staff repeatedly walked by without saying anything until an inspector pointed it out. Residents moved away initially but returned. Staff did not correct again.
- On 03/23/22 during the physical inspection, cigarette butts were found on the floor in bedroom A-1.
- On 03/23/22 during a resident interview, resident #9 said "People smoke crack on the 3rd floor all the time" and "I smoke in my room".
- On 03/23/22 at 2:00 PM, a resident in a wheelchair was witnessed by licensing representative smoking in the third floor hallway.

Repeat Violation: 03/09/2021

Plan of Correction**Accept**

Administrative staff has reminded all direct care staff workers and ancillary staff members of the allowed smoking areas individually. A staff-wide reminder will be addressed in the next staff meeting. Resident #9 has been issued a written warning about smoking in [REDACTED] room. All staff members have been instructed to monitor the third floor for illegal drug use and smoking in resident rooms, including looking at resident's personal belongings as allowed by law. Please see attached written warning for resident #9.

Completion Date: 05/02/2022

Document Submission**Implemented****183e - Storing Medications****1. Requirements**

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 03/23/22 resident #10's [REDACTED], was found on the home's medication cart without a date. According to the manufacturer's instructions this medication needs to be destroyed after 42 days, dating the medication establishes the timeline.

On 03/23/22 resident #10's [REDACTED], was found on the home's medication cart without a date. According to the manufacturer's instructions this medication needs to be destroyed after 28 days, dating the medication establishes the timeline.

On 03/23/22 an unopened bottle of [REDACTED] for resident #11 was found on the home's medication cart. The manufacturer's instructions state "refrigerate before opening".

Repeat Violation: 03/09/2021

Plan of Correction**Accept**

Resident #10's [REDACTED] and [REDACTED] both came to the facility on March 21st, 2022 around midnight. The morning medication staff forgot to label both pens immediately after opening them. After state inspectors completed the medication audit, the nursing supervisor was made aware of the incident and immediately notified the medication staff of the error. Medication supervisor will audit the medication each

183e - Storing Medications (continued)

morning. Fortunately, the medication was not expired and was still able to be used.

The pharmacy was immediately contacted regarding resident #11's [REDACTED] for a refill and old [REDACTED] was discarded. In the future, the medication supervisor will ensure that all medication is properly dated and stored. All medication staff has received a written warning about medication errors, including the home's new policy on medication errors. Also, on or before June 15th, 2022 the facility will have a three-day audit completed by [REDACTED]. The pharmacy will also start a demo for electronic MARs, which will eliminate future medication errors.

Completion Date: 04/26/2022

Document Submission

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 [REDACTED] as needed. On 03/23/22 this medication was not available in the home.

Resident #10 is prescribed [REDACTED] needed. On 03/23/22 this medication was not available in the home.

Repeat Violation: 03/09/2021

Plan of Correction

Accept

Resident #4 used [REDACTED] prescribed lice treatment liquid the same day as the inspection. Because of this, the medication was not available in the home due to the fact that it is a one time treatment. Resident #10 used [REDACTED] prescribed [REDACTED] the morning that the inspectors came to the facility. Due to this fact, the medication was not available in the home. In the future, the medication supervisor will ensure all PRN medications are available in the home once they are used by the residents. All medication staff has received a written warning about medication errors, including the home's new policy on medication errors. Also, on or before June 15th, 2022 the facility will have a three-day audit completed by [REDACTED]. The pharmacy will also start a demo for electronic MARs, which will eliminate future medication errors.

-DONE

Completion Date: 05/03/2022

Document Submission

Implemented

187d - Follow Prescriber's Orders**1. Requirements**

2600.

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

Description of Violation

Resident #10 is prescribed blood sugar testing three times daily. However, this testing was not completed on 03/17/22

187d - Follow Prescriber's Orders (continued)

at bedtime.

Repeat Violation: 03/09/2021

Plan of Correction**Accept**

Resident #10 refused to have [REDACTED] blood glucose level checked as prescribed at bedtime. All residents at Vine Street Manor are aware of their right to refuse medication. However, the med-tech medication supervisor will make sure all MARs are filled out properly and completely. The home's medication supervisor will audit all medications on a daily basis. All medication staff has received a written warning about medication errors, including the home's new policy on medication errors. Also, on or before June 15th, 2022 the facility will have a three-day audit completed by [REDACTED]. The pharmacy will also start a demo for electronic MARs, which will eliminate future medication errors.

Completion Date: 05/02/2022

Document Submission**Implemented****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 #2's preadmission screening form, dated [REDACTED] is incomplete. Sections II-G: Level of Supervision and II-I: Ability to Self-Administer medications are blank.

Resident #3's preadmission screening form, dated [REDACTED] is incomplete. Sections II-G: Level of Supervision and II-I: Ability to Self-Administer medications are blank.

Resident #7's preadmission screening form, dated [REDACTED] does not include a determination that the resident can self administer medications.

Repeat Violation: 03/09/2021

Plan of Correction**Accept**

From this point on, tabula pro will be used for all resident preadmission screening forms, which doesn't allow submission of prescreens to be done until all sections are completely filled out. Please see attached prescreens for residents #2, #3 and #7.

-DONE

Completion Date: 04/26/2022

Document Submission**Implemented****252 - Record Content****1. Requirements**

2600.

252 - Record Content (*continued*)

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 #1's record does not contain a discharge date, a reason for discharge, an itemized list of financial transactions or documentation that a refund was provided.

Resident #8's record does not contain a photo that is less than two years old; the last photo dated is [REDACTED]

Repeat Violation: 03/09/2021

Plan of Correction**Accept**

Resident #1's record now has the date that resident #1 was sent to [REDACTED]. Please see attached face sheet for resident #1. The home was never the representative payee for resident #1. CTT has always been resident number #1's rep payee and was sending money for resident #1 to the facility to then give the money to the resident.

However, CTT stopped going through the facility and started giving the money directly to the resident in November 2020. Due to this change, there were no financial transactions to record after November 2020.

Resident #8's record now has a current photo on his face sheet. The home now uses tabula pro, which includes a tickler system to ensure all resident photos are taken within two years. Please see attached face sheet for resident #8.

252 - Record Content (continued)

Completion Date: 05/03/2022

Document Submission

Implemented