

Department of Human Services
Bureau of Human Service Licensing

June 12, 2022

[REDACTED], LEG. ENTITY

RE: RIVERVIEW MANOR
3201 RIVER ROAD
LEWISBURG, PA, 17837
LICENSE/COC#: 20298

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/23/2022, 03/24/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *RIVERVIEW MANOR* License #: *20298* License Expiration: *05/19/2022*
Address: *3201 RIVER ROAD, LEWISBURG, PA 17837*
County: *UNION* Region: *NORTHEAST*

Administrator

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

Legal Entity

Name: *ALBRIGHT CARE SERVICES*
Address: *90 MAPLEWOOD DRIVE, LEWISBURG, PA, 17837*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *07/10/1991* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *38* Waking Staff: *29*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *03/24/2022*

Inspection Dates and Department Representative

03/23/2022 - On-Site: [REDACTED]
03/24/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *100* Residents Served: *37*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *37*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *1* Have Physical Disability: *0*

Inspections / Reviews

03/23/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/21/2022*

06/03/2022 - POC Submission

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

06/12/2022 - Document Submission

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

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

The batteries in the carbon monoxide monitor near the gas fireplace were dated 2019. There was no label on the monitor or batteries to indicate that they had been replaced in 2020 or 2021. This is a repeat violation from 03/22/2021. The home's hot water tank inspection certificate expired 12/21/20.

Plan of Correction

Accept

- *A new battery was installed on 3/23/2022 immediately after inspection. The date of installation was written directly on the battery.*
- *An audit was completed on all PC carbon monoxide detectors to ensure the batteries are dated and current.*
- *Batteries are to be replaced every six months.*
- *Maintenance staff have been educated on the importance of maintaining a carbon monoxide detector according to manufacturer instructions.*
- *The Director of Facilities Management is keeping a log to ensure carbon monoxide alarm maintenance is being performed timely, guaranteeing ongoing compliance.*

Completion Date: 05/20/2022

Document Submission

Implemented

- *A new battery was installed on 3/23/2022 immediately after inspection. The date of installation was written directly on the battery.*
- *An audit was completed on all PC carbon monoxide detectors to ensure the batteries are dated and current.*
- *Batteries are to be replaced every six months.*
- *Maintenance staff have been educated on the importance of maintaining a carbon monoxide detector according to manufacturer instructions.*
- *The Director of Facilities Management is keeping a log to ensure carbon monoxide alarm maintenance is being performed timely, guaranteeing ongoing compliance.*

25c2 - Fee Schedule

1. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

2. A fee schedule that lists the specify the following: actual amount of allowable resident charges for each of the home's available services.

Description of Violation

The contract dated 01/28/22 for resident #1 did not include the monthly charges.

Plan of Correction

Accept

- *A fee schedule has been added to resident #1's contract.*
- *All other resident contracts reviewed contained the monthly fee schedule.*
- *Upon admission, the fee schedule is included in the resident contract.*
- *When completing the contract with the resident, the administrator will review the fee schedule, ensuring it is*

25c2 - Fee Schedule (continued)

included in the contract.

Completion Date: 05/20/2022

Document Submission

Implemented

- A fee schedule has been added to resident #1's contract.
- All other resident contracts reviewed contained the monthly fee schedule.
- Upon admission, the fee schedule is included in the resident contract.
- When completing the contract with the resident, the administrator will review the fee schedule, ensuring it is included in the contract.

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 #2 was discharged from the home on [REDACTED] The home did not issue a refund to the resident's family until 07/22/22.

Plan of Correction

Accept

- Within 72 hours of discharge, the PC administrator or designee will notify the business office manager and request a refund to the resident or responsible party.
- Discharges and pending refunds due will be discussed during weekly staff meetings to ensure refunds are timely.
- No refunds were due during the past 30 days.
- The PC administrator will follow-up with the business office manager to confirm that the refund request is received and scheduled in advance of the 30-day mark.

Completion Date: 05/20/2022

Document Submission

Implemented

- Within 72 hours of discharge, the PC administrator or designee will notify the business office manager and request a refund to the resident or responsible party.
- Discharges and pending refunds due will be discussed during weekly staff meetings to ensure refunds are timely.
- No refunds were due during the past 30 days.
- The PC administrator will follow-up with the business office manager to confirm that the refund request is received and scheduled in advance of the 30-day mark.

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.

63a - First Aid/CPR Training (*continued*)**Description of Violation**

On the following dates and times the home did not have a minimum of 1 staff person with certified First Aid and CPR training as required by their census:

03/12/22 from 7pm to 7am and 03/13/22 from 2pm to 10:30pm.

Plan of Correction**Accept**

- The staff scheduler has been updated on CPR & First Aid requirements. The scheduler is marking the schedule to identify staff with CPR & First Aid training so that it will be easier to identify shifts without proper coverage in advance.*
- All care staff will be trained and certified in CPR, ensuring that all shifts are staffed by someone CPR certified.*
- Scheduling will be reviewed daily to ensure that - at minimum – one staff person who is trained in CPR & First Aid is working.*
- Administrator will monitor for ongoing compliance. Progress will be reviewed during the Quality Management meeting.*

Completion Date: 06/20/2022

Document Submission**Implemented**

- The staff scheduler has been updated on CPR & First Aid requirements. The scheduler is marking the schedule to identify staff with CPR & First Aid training so that it will be easier to identify shifts without proper coverage in advance.*
- All care staff will be trained and certified in CPR, ensuring that all shifts are staffed by someone CPR certified.*
- Scheduling will be reviewed daily to ensure that - at minimum – one staff person who is trained in CPR & First Aid is working.*
- Administrator will monitor for ongoing compliance. Progress will be reviewed during the Quality Management meeting.*

65a - FS Orientation 1st Day

1. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff person A was hired [REDACTED] The home did not have documentation that the trainings required by this regulation were completed by staff person A on their 1st day of work.

Staff person B was hired [REDACTED] The home did not have documentation that the trainings required by this regulation

65a - FS Orientation 1st Day (continued)

were completed by staff person B on their 1st day of work.

Plan of Correction**Accept**

- Staff persons A and B have been trained in all areas required by regulation 65.a
- An audit is being completed for all PC staff to ensure they have received the training required in this regulation.
- Upon hiring, the administrator will work with human resources to ensure proper training is completed on day one of orientation. New staff will not be permitted to work on the floor until this is completed.
- Administrator will monitor for ongoing compliance. Progress will be reviewed during the Quality Management meeting.

Completion Date: 05/27/2022

Document Submission**Implemented**

- Staff persons A and B have been trained in all areas required by regulation 65.a
- An audit is being completed for all PC staff to ensure they have received the training required in this regulation.
- Upon hiring, the administrator will work with human resources to ensure proper training is completed on day one of orientation. New staff will not be permitted to work on the floor until this is completed.
- Administrator will monitor for ongoing compliance. Progress will be reviewed during the Quality Management meeting.

65b - Rights/Abuse 40 Hours**1. Requirements**

2600.

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

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

Description of Violation

Staff persons A and B did not have training in the emergency medical plan within 40 hours of their first day of work as required.

Plan of Correction**Accept**

- Staff persons A and B have been trained in all areas required by regulation 65.b
- An audit is being completed for all PC staff to ensure they have received the training required in this regulation.
- The administrator will work with human resources and the staff scheduler to ensure proper training is completed within the first 40 working hours.
- Administrator will monitor for ongoing compliance. Progress will be reviewed during the Quality Management meeting.

Completion Date: 06/03/2022

Document Submission**Implemented**

- Staff persons A and B have been trained in all areas required by regulation 65.b

65b - Rights/Abuse 40 Hours (continued)

- An audit is being completed for all PC staff to ensure they have received the training required in this regulation.
- The administrator will work with human resources and the staff scheduler to ensure proper training is completed within the first 40 working hours.
- Administrator will monitor for ongoing compliance. Progress will be reviewed during the Quality Management meeting.

65d - Initial Direct Care Training**1. Requirements**

2600.

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

1. Training that includes a demonstration of job duties, followed by supervised practice.
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Staff person B provides direct care to residents. The home did not have documentation that staff person B completed the department's required direct care training course and test.

Plan of Correction**Accept**

- Staff person B has taken the direct caregiver training course and passed the competency test.
- An audit has been completed of all direct care staff, verifying completion of the direct caregiver course and test.
- No staff member will be permitted to begin work until the caregiver training course and test have been completed. The certificate of completion will need to be submitted to the staff scheduler.
- The nurse supervisor or designee will monitor for ongoing compliance.

Completion Date: 05/20/2022

Update: 06/03/2022

Please send proof of staff person B's competency test. 6-3-2022 MM

Document Submission**Implemented**

- Staff person B has taken the direct caregiver training course and passed the competency test.
- An audit has been completed of all direct care staff, verifying completion of the direct caregiver course and test.
- No staff member will be permitted to begin work until the caregiver training course and test have been completed. The certificate of completion will need to be submitted to the staff scheduler.
- The nurse supervisor or designee will monitor for ongoing compliance.

96a - First Aid Kit**1. Requirements**

2600.

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 was missing adhesive tape.

96a - First Aid Kit (continued)

Plan of Correction**Accept**

- Tape has been added to the first aid kit and now includes the required items listed in regulation 96.a
- All first aid kits have been audited for compliance and are appropriately stocked.
- After each use, the first aid kit will be restocked by the staff member using it.
- First aid kits will be audited weekly for proper supplies
- Nursing supervisor or designee will ensure ongoing compliance

Completion Date: 05/20/2022**Document Submission****Implemented**

- Tape has been added to the first aid kit and now includes the required items listed in regulation 96.a
- All first aid kits have been audited for compliance and are appropriately stocked.
- After each use, the first aid kit will be restocked by the staff member using it.
- First aid kits will be audited weekly for proper supplies
- Nursing supervisor or designee will ensure ongoing compliance

132b - Safety Inspection/Fire Drill

1. Requirements

2600.

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

Description of Violation

The home did not have a supervised fire drill and fire safety inspection by a fire safety expert completed in 2021.

Plan of Correction**Accept**

- A supervised fire drill and inspection was completed by the [REDACTED] Engine Company on Friday, March 18, 2022.
- The annual drill & inspection will be scheduled one year in advance.
- The Administrator will work with the Facilities Director in ensuring ongoing compliance.

Completion Date: 05/20/2022**Update:** 06/03/2022

Please send proof of fire safety drill and inspection. 6-3-2022 MM

Document Submission**Implemented**

- A supervised fire drill and inspection was completed by the [REDACTED] Engine Company on Friday, March 18, 2022.
- The annual drill & inspection will be scheduled one year in advance.
- The Administrator will work with the Facilities Director in ensuring ongoing compliance.

132c - Fire Drill Records

1. Requirements

2600.

132c - Fire Drill Records (continued)

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 logs for the fire drills conducted 11/22/21, 01/27/22, and 02/18/22 do not indicate the number of residents evacuated during the fire drill. The fire drill log for the fire drill conducted 12/20/2021 does not indicate the number of residents in the home during the drill or the number of residents evacuated during the drill.

Plan of Correction**Accept**

- *The process for documenting fire drills has been updated to include the use of the Adult Residential Licensing Personal Care Home Fire Drill Record. All future fire drills will be documented on this form; thereby ensuring that all required information is captured.*
- *The Administrator will work with the Facilities Director in ensuring ongoing compliance.*

Completion Date: 05/20/2022

Update: 06/03/2022

Please send fire drill log for January thru June 2022. 6-3-2022 MM

Document Submission**Implemented**

- *The process for documenting fire drills has been updated to include the use of the Adult Residential Licensing Personal Care Home Fire Drill Record. All future fire drills will be documented on this form; thereby ensuring that all required information is captured.*
- *The Administrator will work with the Facilities Director in ensuring ongoing compliance.*

141a 1-10 Medical Evaluation Information**1. Requirements**

2600.

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

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

The Documentation of Medical Evaluation (DME) form for resident #3 dated [REDACTED] does not indicate whether the resident is able to self administer medications.

The DME form for resident #1 did not include the date the resident was evaluated or the date the form was completed. The DME also was missing the resident's blood pressure, temperature, and pulse.

141a 1-10 Medical Evaluation Information *(continued)***Plan of Correction****Accept**

- Resident #3's DME has been corrected to indicate the resident's ability to self-administer medications.
- Resident #1's DME has been corrected to include the evaluation date and the completion date. A new DME will be completed, documenting the resident's blood pressure, temperature and pulse.
- An audit of all resident DMEs is being completed to ensure that all information is entered and that no box be left blank.
- Residents who are in need of a new DME will be scheduled to be seen with their primary care physician.
- The nursing supervisor or administrator will monitor for ongoing compliance.

Completion Date: 06/03/2022**Update:** 06/03/2022

Please send current DME for resident's 1 and 3. 6-3-2022 MM

Document Submission**Implemented**

- Resident #3's DME has been corrected to indicate the resident's ability to self-administer medications.
- Resident #1's DME has been corrected to include the evaluation date and the completion date. A new DME will be completed, documenting the resident's blood pressure, temperature and pulse.
- An audit of all resident DMEs is being completed to ensure that all information is entered and that no box be left blank.
- Residents who are in need of a new DME will be scheduled to be seen with their primary care physician.
- The nursing supervisor or administrator will monitor for ongoing compliance.

141b1 - Annual Medical Evaluation

1. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #3's annual DME dated [REDACTED] was completed more than 1 year from the resident's previous DME which was completed on 02/04/20.

Plan of Correction**Accept**

- All current DMEs are being audited to determine if they have been completed timely – per regulation 141.b
- Any DME found to be overdue will be scheduled immediately.
- A tickler file is being developed listing dates for DMEs. The nursing supervisor or lead med tech will review this weekly to ensure timely scheduling and completion of DMEs.

Completion Date: 06/03/2022**Document Submission****Implemented**

- All current DMEs are being audited to determine if they have been completed timely – per regulation 141.b
- Any DME found to be overdue will be scheduled immediately.
- A tickler file is being developed listing dates for DMEs. The nursing supervisor or lead med tech will review this weekly to ensure timely scheduling and completion of DMEs.

181c - Self-administration Assessment

1. Requirements

2600.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

Resident #4 currently self administers medications. Resident #4's DME dated [REDACTED] indicates the resident can not self administer medications.

Plan of Correction

Accept

- Resident #4's DME has been corrected to indicate that he can self-administer medications.
- Nursing supervisor or designee will audit all current DMEs and identify residents who are listed as able to self-administer medications. If resident is incorrectly listed, a new DME will be requested from the physician.
- A tickler file is being kept on all resident DMEs listing due dates. Staff will continue to notify residents or family members one month prior to the renewal date in order for timely completion of the DME.

Completion Date: 06/03/2022

Document Submission

Implemented

- Resident #4's DME has been corrected to indicate that he can self-administer medications.
- Nursing supervisor or designee will audit all current DMEs and identify residents who are listed as able to self-administer medications. If resident is incorrectly listed, a new DME will be requested from the physician.
- A tickler file is being kept on all resident DMEs listing due dates. Staff will continue to notify residents or family members one month prior to the renewal date in order for timely completion of the DME.

182b - Prescription Medication

1. Requirements

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

1. A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
2. A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
3. A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Description of Violation

The annual practicum for medication technician staff person C dated [REDACTED] did not include two medication administration record (MAR) reviews as required.

Plan of Correction

Accept

- Staff person C completed her last 2 MARs reviews.
- All Medication Technicians are being scheduled for proper MARs reviews.
- Nursing supervisor or Staff Trainer will review all Medication Technicians' training to ensure compliance.

182b - Prescription Medication (continued)

Completion Date: 06/03/2022

Update: 06/03/2022

Please send proof of staff person C's current medication training (annual Practicum). 6-3-22 MM

Document Submission

Implemented

- Staff person C completed [redacted] last 2 MARs reviews.
- All Medication Technicians are being scheduled for proper MARs reviews.
- Nursing supervisor or Staff Trainer will review all Medication Technicians' training to ensure compliance.

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

The medication [redacted] for resident #6 was included with the pharmacy strip for [redacted]. The resident's MAR indicates the medication was discontinued [redacted]

Plan of Correction

Accept

- Resident #6's medications have been corrected.
- The medication carts will be audited to verify that only medications with orders are kept in stock and administered. Any discontinued medications will be destroyed.
- Medication technicians are being retrained on regulation 183d, including our process for destroying meds.
- Nursing supervisor or Administrator will ensure ongoing compliance

Completion Date: 06/03/2022

Document Submission

Implemented

- Resident #6's medications have been corrected.
- The medication carts will be audited to verify that only medications with orders are kept in stock and administered. Any discontinued medications will be destroyed.
- Medication technicians are being retrained on regulation 183d, including our process for destroying meds.
- Nursing supervisor or Administrator will ensure ongoing compliance

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 #7 has a PRN order for [redacted]. The medication was not on hand in the medication cart if needed. On 03/22/22 at 11am the blood glucose readings for residents #5 and #6 were mistakenly recorded on each other's MARs. In addition, the number of sliding scale insulin units were also incorrectly documented. On 03/22/22 at 11am the blood glucose reading for resident #5 was 190 which required 2 sliding scale units of insulin.

185a - Implement Storage Procedures (continued)

The blood glucose reading was recorded as 234 with 4 units of sliding scale insulin. On 03/22/22 at 11am the blood glucose reading for resident #6 was 234 which required 8 units of sliding scale insulin. The blood glucose was recorded as 190 with 6 units of sliding scale insulin. The glucometers for residents #5 and #6 were not calibrated to the correct date and time.

Plan of Correction

Accept

- Medication carts are being audited for current PRN medications.
- PRN medications will be audited weekly for 3 weeks
- Medication technicians are scheduled for Diabetic training on June 8, 2022 – the earliest date available for the Diabetic Trainer. Until then, the Director of Staff Education is reviewing diabetes management with staff.
- Medication technicians are being retrained on 185a., specifically (1) having medications on hand, per the prescriber’s order and (2) proper documentation
- The Administrator or nurse supervisor will ensure ongoing compliance

Completion Date: 06/10/2022

Update: 06/03/2022

Please send proof of staff training and updated diabetes training. 6-3-2022 MM

Document Submission

Implemented

- Medication carts are being audited for current PRN medications.
- PRN medications will be audited weekly for 3 weeks
- Medication technicians are scheduled for Diabetic training on June 8, 2022 – the earliest date available for the Diabetic Trainer. Until then, the Director of Staff Education is reviewing diabetes management with staff.
- Medication technicians are being retrained on 185a., specifically (1) having medications on hand, per the prescriber’s order and (2) proper documentation
- The Administrator or nurse supervisor will ensure ongoing compliance

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 #5 has an order for PRN [redacted]. The resident’s MAR indicated the medication was administered on [redacted] at 7:26pm and on 03/24/22 at 3:26am. The medication was not found in the cart and it could not be determined if the medication was actually administered.

Plan of Correction

Accept

- Resident #5 now has [redacted] on the med cart
- Medication Technicians will be retrained on proper medication documentation on the MAR, specifically timely recording of each med pass. Training will occur the first week of June.
- Nursing supervisor or administrator will ensure ongoing compliance

Completion Date: 06/10/2022

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

Update: 06/03/2022

Please send proof of staff training. 6-3-2022 MM

Document Submission**Implemented**

- Resident #5 now has Tylenol on the med cart
- Medication Technicians will be retrained on proper medication documentation on the MAR, specifically timely recording of each med pass. Training will occur the first week of June.
- Nursing supervisor or administrator will ensure ongoing compliance

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

On 03/20/22 the blood glucose reading for resident #6 was 275 which required 10 units of sliding scale insulin. The resident's MAR indicated that only 6 units of sliding scale insulin were administered due to the blood glucose reading being inaccurately recorded as 165.

Resident #7 has a physician's order for Hyzaar to be held if the systolic blood pressure (SBP) is less than 120. On 03/06/22 the resident's SBP was 110 but the medication was not held. On 03/22/22 the resident's SBP was also 110 and again the medication was not held.

Resident #7 has a physician's order for [REDACTED] to be held if the pulse is less than 60. On 03/04/22 the resident's pulse was 58 and the medication was not held. On 03/24/22 the resident's pulse was 57 and the medication was not held.

Plan of Correction**Accept**

- Medication Technicians are being re-trained by the Director of Education on regulation 187d, specifically (1) timely medication administration (2) correct dosage administration (3) accurately documenting medications that were administered.
- A med pass will be observed by the Director of Education to verify compliance with this regulation.
- To ensure future compliance the nurse supervisor or designee will observe med passes 2xs a week for 4 weeks to ensure compliance.

Completion Date: 06/17/2022

Update: 06/03/2022

Please send proof of staff training. 6-3-2022 MM

Document Submission**Implemented**

- Medication Technicians are being re-trained by the Director of Education on regulation 187d, specifically (1) timely medication administration (2) correct dosage administration (3) accurately documenting medications that were administered.
- A med pass will be observed by the Director of Education to verify compliance with this regulation.
- To ensure future compliance the nurse supervisor or designee will observe med passes 2xs a week for 4 weeks to ensure compliance.

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

Staff persons C, D, E, and F administer medications, including insulin. The home did not have documentation that staff persons C, D, E, and F completed the required diabetes education program by a certified diabetes educator in the last 12 months.

Plan of Correction

Accept

- Staff persons C, D, E and F are scheduled for Diabetic training on June 8, 2022 – the earliest date available for the Diabetic Trainer. Until then, the Director of Staff Education is reviewing diabetes management with staff.
- The director of education will create a tickler file to indicate when diabetic training needs to be offered again.
- The Administrator or nurse supervisor will ensure ongoing compliance.

Completion Date: 06/10/2022

Update: 06/03/2022

Please send proof of staff training (diabetic training). 6-3-2022 MM

Document Submission

Implemented

- Staff persons C, D, E and F are scheduled for Diabetic training on June 8, 2022 – the earliest date available for the Diabetic Trainer. Until then, the Director of Staff Education is reviewing diabetes management with staff.
- The director of education will create a tickler file to indicate when diabetic training needs to be offered again.
- The Administrator or nurse supervisor will ensure ongoing compliance.

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

The annual RASP for resident #3 was completed [REDACTED] The resident's previous support plan was completed [REDACTED]

The annual RASP for resident #4 was completed [REDACTED] The resident's previous support plan was completed 10/14/2020.

Plan of Correction

Accept

- All RASPs are being audited to verify compliance with regulation 225c.
- Care staff are being re-educated on the importance of timely completion of RASPs
- A tickler file is being developed, listing dates for RASP renewal. The nursing supervisor or designee will review this routinely to ensure timely scheduling and completion of RASPs.

225c - Additional Assessment (continued)

- *The nursing supervisor or administrator will monitor for compliance*

Completion Date: 06/03/2022

Document Submission**Implemented**

- *All RASPs are being audited to verify compliance with regulation 225c.*
- *Care staff are being re-educated on the importance of timely completion of RASPs*
- *A tickler file is being developed, listing dates for RASP renewal. The nursing supervisor or designee will review this routinely to ensure timely scheduling and completion of RASPs.*
- *The nursing supervisor or administrator will monitor for compliance*