



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: September 7, 2022

[REDACTED]
Brodhead Senior Living, LLC
125 Apple Blossom Way
Moon Township, Pennsylvania 15108

RE: Apple Blossom Senior Living
125 Apple Blossom Way
Moon Township, Pennsylvania 15108
License/COC #: 450722

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on March 23, 2022, March 25, 2022, March 28, 2022, March 29, 2022, April 8, 2022, and July 7, 2022, of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby issues you a SECOND PROVISIONAL license to operate the above facility. A SECOND PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026 (b)(1) and 55 Pa. Code § 20.71(a)(2); (3); (4) (relating to conditions for denial, nonrenewal or revocation). Your SECOND PROVISIONAL license is enclosed and is valid from September 7, 2022 to March 7, 2023.

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


Pursuant to 62 P.S. 1085-1087 and 55 Pa. Code § 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

| 55 Pa. Code Chapter 2600 | Class of Violation | Census at Inspection | Fine Per resident X Per day | Calculated Fine = Per day | Mandated Correction Date (to avoid Fine) |
|--------------------------|--------------------|----------------------|-----------------------------|---------------------------|--|
| Section: | | | | | |
| 184(b) | II | 89 | \$5 | \$445 | 5 calendar days from mailing date of this letter |
| 187(a) | II | 89 | \$5 | \$445 | 5 calendar days from mailing date of this letter |

A fine will be assessed daily beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.>

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


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

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

Sincerely,

Jamie F. Buchenauer

Jamie Buchenauer
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc: [REDACTED]
[REDACTED]
[REDACTED]

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

Facility Information

Name: *APPLE BLOSSOM SENIOR LIVING* License #: *45072* License Expiration: *05/19/2022*
Address: *125 APPLE BLOSSOM WAY, MOON TOWNSHIP, PA 15108*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: *4125396446* Email: [REDACTED]

Legal Entity

Name: *BRODHEAD SENIOR LIVING LLC*
Address: *125 APPLE BLOSSOM WAY, MOON TOWNSHIP, PA, 15108*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *08/27/2019* Issued By: *Moon Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *99* Waking Staff: *74*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Complaint, Provisional, Monitoring* Exit Conference Date: *03/29/2022*

Inspection Dates and Department Representative

03/23/2022 - On-Site: [REDACTED]
03/25/2022 - On-Site: [REDACTED]
03/28/2022 - On-Site: [REDACTED]
03/29/2022 - On-Site: [REDACTED]
04/08/2022 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *150* Residents Served: *83*

Secured Dementia Care Unit

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

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *83*
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *16* Have Physical Disability: *0*

Inspections / Reviews

03/23/2022 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *05/23/2022*

06/02/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *06/08/2022*

07/06/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type:

Follow-Up Date:

26a - Quality Management Plan

1. Requirements

2600.

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

Description of Violation

The home's most recent quality management review, dated 3/7/2022, did not include a review of:

- * Complaint Procedures
- * Staff Person Training
- * Licensing Violations and Plans of Correction
- * Resident and Family Councils

Plan of Correction

Accept

By 5/27/2022, The Home will implement a quality management plan that includes Up to date complaint procedures, Staff Person Training Plan, Licensing Violations and Plans of Correction and Resident/Family Council and Food Council past minutes and upcoming schedule of meetings. A Monthly Quality Management Meeting will be held with all management staff and each area will be addressed. A record of meetings will be kept in the Quality Management Plan Binder.

Completion Date: 05/27/2022 Licensee's Proposed Date for POC Implementation

Implemented 8/10/22

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 3/23/2022 at 9:25 am, there were no paper towels or other sanitary means of drying hands in the [redacted] bathroom off of the lobby on the first floor.

On 3/23/2022 at 12:10 pm, there were no paper towels or other sanitary means of drying hands in the [redacted] bathroom across from room #245 on the second floor.

Plan of Correction

Accept

By 5/27/22, The home will educate the staff on the importance of maintaining proper supplies in all restrooms, including the facility policy. An audit tool will be implemented to ensure that all bathrooms will be checked and stocked daily. Documentation will be kept.

Completion Date: 05/27/2022 Licensee's Proposed Date for POC Implementation

Implemented 8/10/22

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 were no emergency telephone numbers on or nearby the telephones in the beauty shop or the first floor conference room.

91 - Telephone Numbers *(continued)*

Plan of Correction

Accept

By 5/27/2022, The Home will conduct an audit of every telephone in the building and place emergency phone number stickers on the receiver of each phone. Documentation of each phone will be kept. Housekeeping will perform an audit of all phones once per month for 1 year.

Completion Date: 05/27/2022 *Licensee's Proposed Date for POC Implementation*

Implemented
8/10/22

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

On 3/23/2022, the first aid kit at the front desk in the lobby did not include eye coverings.

Plan of Correction

Accept

By 5/27/2022, The Home will conduct an audit of every first aid kit in the building. Each kit will include Nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers. An audit tool will be implemented, and a designated staff member will check to confirm that all first aid kits are fully stocked once per month. Documentation will be kept.

Completion Date: 05/27/2022 *Licensee's Proposed Date for POC Implementation*

Implemented
8/10/22

103i - Outdated Food

1. Requirements

2600.

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

Description of Violation

On 3/23/2022, the following open and undated food was in the commercial freezer in the kitchen:

- * 40 ounce bag of baby lima beans, 3/4 full
- * 12 pound bag of turkey sausage patties inside of the open box
- * 9 pound bag of frittatas inside of the open box
- * 20 pound bag of Otis Spunkmeyer cookies inside of the open box

Plan of Correction

Accept

By 5/27/2022, Staff will perform an audit of all refrigerated and frozen items to ensure that each product is stored properly, dated and within expiration timeframe. Audit will be performed once a day for 6 weeks and then once weekly for 6 months. Staff will be educated on proper storage techniques. Documentation will be kept.

Food was discarded immediately. Chef/designee will be responsible for audit

Completion Date: 05/27/2022 *Licensee's Proposed Date for POC Implementation*

Implemented
8/10/22

109b - Rabies Vaccination

1. Requirements

2600.

109.b. Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

109b - Rabies Vaccination (continued)

Description of Violation

The rabies vaccination for [redacted] a resident's dog, expired on [redacted]/2021.

Plan of Correction

Directed

By 6/2/2022, Staff will obtain and verify that all pet rabies vaccinations are current, and certification is on file in the Activity Office. Staff will notify residents 1 month prior to expiration date of vaccination.

[redacted] updated vaccination records obtained and [redacted] rabies vaccination was completed on [redacted]/21 and does not expire until [redacted] 24. -- [redacted] 6/30/22

Completion Date: 06/02/2022 Licensee's Proposed Date for POC Implementation

Implemented 8/10/22

123b - Emergency Procedures Posted

1. Requirements

2600.

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

The emergency procedures of the home and local municipality were not posted in a conspicuous and public place in the home. They were in the office of the executive director.

Plan of Correction

Accept

By 5/28/2022 The Emergency Procedures of the home and local municipality will be posted in a conspicuous and public place in the home and shall remain there. Administrator/designee will ensure posting of emergency procedures monthly for 1 year.

Completion Date: 05/28/2022 Licensee's Proposed Date for POC Implementation

Implemented 8/10/22

132d - Evacuation

1. Requirements

2600.

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

Description of Violation

The letter from a fire safety expert on 11/30/2021, indicates a safe evacuation time of 8 minutes and 30 seconds. The evacuation time for the fire drill conducted at the below dates and times exceeded the safe evacuation time:

| <u>Date/time of fire drill</u> | <u>Evacuation time</u> |
|--------------------------------|---------------------------|
| - 2/26/2022 3:05 pm | 12 minutes and 54 seconds |
| - 3/25/2022 6:30 am | 15 minutes |

Plan of Correction

Directed

By 6/30/2022, Management Staff will receive education from a Fire Safety Professional. Additionally, Staff will be educated on Fire Drill Procedures and safe evacuation times. Fire Drills will be conducted throughout the month until the safe evacuation times have been met. Documentation of fire drills and evacuation times will be kept.

132d - Evacuation (continued)

Fire drills were conducted on 4/29/22 and 5/31/22 and evacuation times were under 8 minutes and 30 seconds, which is the time designated in writing within the past year by a fire safety expert. - [REDACTED] 6/30/22

Completion Date: 06/30/2022 Licensee's Proposed Date for POC Implementation

Implemented

[REDACTED] 8/10/22

142a - Secure Medical Care

1. Requirements

2600.

142.a. The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan.

Description of Violation

The home's Fall Management Policy indicates "Initiate Neuro checks if resident has an unwitnessed fall or hits their head" and "Physician, Wellness Director and family notification will need to be completed immediately after the incident."

On [REDACTED] 2022 at approximately 3:00 pm, resident #2 had an unwitnessed fall in the hallway near [REDACTED] room. Also, when the resident was assessed, [REDACTED] indicated that [REDACTED] may have hit [REDACTED] head. However, continuing Neuro checks were not completed and [REDACTED] physician and family were not notified. The home failed to follow their Fall Management and Head Injury Policy.

At approximately 8:45 pm, staff called emergency medical services. According to the EMS record, staff called [REDACTED]

[REDACTED] The resident was taken to the hospital and records indicate a new diagnosis [REDACTED]

Plan of Correction

Accept

By 5/27/2022 Staff will be educated on the home's Fall Management Policy, Change of Condition Policy and Neuro Check Policy. All resident incidents/injuries will be documented in ALIS (EMR System), family and physician will be notified. Resident will immediately be assessed by staff to determine need for further outside services. Neuro checks will be done at the time of assessment to determine head injury or need for further services. Clipboard will be kept at the nurse/s station for 72 hours to designate those individuals who are within the timeframe. Resident will be transferred to local ED according to protocol and reportable will be transmitted within 24 hours to the Department. Resident assessment Support Plan will be updated with any changes within 24 hours. Additionally staff will be in serviced/re-educated on the care needs of each individual resident to ensure that resident needs are being met. New employees will be educated during General Orientation/Onboarding for all employees providing direct care, their requirement to report any changes in resident condition to shift supervisor within 24 hours or most preferably prior to the end of their shift. Changes will be reported immediately.

Completion Date: 05/27/2022 Licensee's Proposed Date for POC Implementation

Implemented

[REDACTED] 8/10/22

182c - Medication Administration

1. Requirements

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

1. Identify the correct resident.
2. If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.

182c - Medication Administration (continued)

3. Remove the medication from the original container.
4. Crush or split the medication as ordered by the prescriber.
5. Place the medication in a medication cup or other appropriate container, or in the resident's hand.

Description of Violation

According to multiple interviews, medication administration staff leave the medications in the residents room without observing the resident taking the medications. Medication cups containing medications have been found in resident #2's room for medications administered from the night before.

Plan of Correction**Directed**

By 6/1/2022, all Nurses/Med Techs shall be re-educated on the 6 rights of Medication Administration as well as the Traditions policy on medication administration and documentation of medication administration. Documentation will be kept.

DIRECTED: Within 15 calendar days of receipt of the plan of correction - The administrator or designee who is trained in medication administration will interview The administrator will implement procedures that ensure compliance with §2600.42(v). The procedures will include, at a minimum, monthly administrator or designee interviews with at least 4 residents regarding medication administration, including whether staff observe the resident take the medications or instead leave them with resident. - [REDACTED] 6/30/22

DIRECTED: Within 15 calendar days of receipt of the plan of correction - The administrator or designee who is trained in medication administration, will observe a medication pass by each staff person who administers medication, at least two times, then monthly thereafter to ensure all medication administration is complete and accurate, and includes the med tech observing residents take the medications. - [REDACTED] 6/30/22

Completion Date: 06/01/2022 *Licensee's Proposed Date for POC Implementation*

Not Implemented
[REDACTED] 8/10/22**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

Resident #1 is prescribed Metoprolol Succinate ER 50 mg, take one tablet daily in morning; however, the pharmacy label indicates take one tablet by mouth every 12 hours.

Resident #1 is prescribed Pro Air HFA 90 mcg inhaler, inhale 2 puffs orally 4 times daily as needed; however, the pharmacy label on the medication indicates inhale 2 puffs by mouth every 4 to 6 hours as needed.

There were 2 unlabeled Advair disks in the medication cart belonging to resident #1. The disks were labeled "AM" and "PM".

184a - Labeling OTC/CAM (continued)

Resident #2 is prescribed Methylprednisolone 4 mg, take one tablet twice daily; however, the pharmacy label indicates take one tablet twice daily as needed.

Plan of Correction**Accept**

By 6/1/2022 The Nurse/Med Tech shall complete both a MAR audit and Med Cart Audit once per week for 1 month and then once monthly for 6 months for all residents to ensure that all currently prescribed medications are available and to review all medication pharmacy labels to ensure accuracy in accordance with prescriber's orders. The Nurse/Med Tech will review the medications for all current residents to ensure that all medications are present and available in accordance with prescriber's orders. Documentation of audit will be kept. Within 72 hours from the receipt of this plan of correction, the pharmacy label for Resident #1's Metoprolol Succinate ER 50 mg will be updated in accordance with the prescriber's orders. Also, the pharmacy label for Resident #1's Pro Air HFA 90 mcg inhaler shall be updated in accordance with the prescriber's orders. Within 72 hours from the time of the receipt of this plan of correction, Resident #2's Methylprednisolone 4 mg label will be updated in accordance with the prescriber's orders.

Completion Date: 06/01/2022 Licensee's Proposed Date for POC Implementation

Not Implemented
3/10/22

187a - Medication Record

1. Requirements

2600.

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

Description of Violation

Resident #2 is prescribed Montelukast Sodium 10 mg, take one tablet by mouth at bedtime; however, the March MAR indicates Montelukast Sodium 10 mg, take one tablet by mouth at bedtime as needed.

Resident #5 is prescribed Novolog Flexpen, inject subcutaneously 3 times a day with meals as per coverage:60-150=0 units; 151-200=2 units; 201-250=4 units; 251-300=6 units; 301-350=8 units; 351-400=10 units; 401-450=12 units; 451-500=14 units; >500= call MD

Resident #5's March 2020 MAR does not include the number of insulin units administered for the following dates and times as per the sliding scale:

- * On 3/26/2022 at 4:28 pm, the blood glucose reading entered on the MAR was 358, requiring 10 units of Novolog
- * On 3/27/2022 at 8:12 am, the blood glucose reading entered on the MAR was 164, requiring 2 units of Novolog
- * On 3/27/2022 at 12:23 pm, the blood glucose reading entered on the MAR was 171, requiring 2 units of Novolog
- * On 3/27/2022 at 4:02 pm, the blood glucose reading entered on the MAR was 197, requiring 2 units of Novolog
- * On 3/28/2022 at 4:03 pm, the blood glucose reading entered on the MAR was 287, requiring 6 units of Novolog

Repeat Violation: 2/27/2020

187a - Medication Record (continued)

Plan of Correction**Directed**

By 6/1/2022 The Nurse/Med Tech shall complete both a MAR audit and Med Cart Audit once per week for 1 month and then once monthly for 6 months for all residents to ensure that all currently prescribed medications are available and to review all medication pharmacy labels to ensure accuracy in accordance with prescriber's orders. The Nurse/Med Tech will review the medications for all current residents to ensure that all medications are present and available in accordance with prescriber's orders. Documentation of audit will be kept. Within 72 hours of the receipt of this plan of correction, Resident #2's Montelukast Sodium 10 mg label will be updated in accordance with the prescriber's orders.

DIRECTED:

Within 2 calendar days of receipt of the plan of correction - A designated staff person who is trained in medication administration will monitor the medication administration record (MAR) daily to ensure all medication administration documentation, is complete, and accurate, including units of insulin administered. Documentation will be kept. - [REDACTED] 6/30/22

DIRECTED:

Within 15 calendar days of receipt of the plan of correction - The administrator or designee who is trained in medication administration, will observe a medication pass by each staff person who administers medication, at least two times, then monthly thereafter to ensure all medication administration is complete and accurate. Documentation will be kept. - [REDACTED] 6/30/22

Completion Date: 06/01/2022 Licensee's Proposed Date for POC Implementation

Not Implemented
[REDACTED] 8/10/22

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 #2 is prescribed Melatonin 5 mg tablet take one by mouth daily at bedtime. This medication was administered on [REDACTED]/2020 at 8 pm; however, the medication was not documented as administered on the resident's March MAR.

Plan of Correction**Directed**

By 6/1/2022, all Nurses/Med Techs shall be re-educated on the 6 rights of Medication Administration as well as the Traditions policy on medication administration and documentation of medication administration. Documentation will be kept.

DIRECTED: Within 2 calendar days of receipt of the plan of correction - A designated staff person who is trained in medication administration will monitor the medication administration record (MAR) daily to ensure all medication administration documentation, is complete, and accurate, including units of insulin administered. Documentation will be kept. - [REDACTED] 6/30/22

DIRECTED: Within 15 calendar days of receipt of the plan of correction - The administrator or designee who is

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

trained in medication administration, will observe a medication pass by each staff person who administers medication, at least two times, then monthly thereafter to ensure all medication administration is complete and accurate. Documentation will be kept. - [REDACTED] 6/30/22

Completion Date: 06/01/2022 Licensee's Proposed Date for POC Implementation

Not Implemented

[REDACTED] 8/10/22

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 completed the Department-approved modified medications administration course on [REDACTED] 2021. Staff person B completed the Department-approved modified medications administration course [REDACTED]/2021. However, neither completed any of the required medication administration observations or MAR reviews in 2021.

Staff person A administered medications to residents to include the following:

- Resident #2: Donepezil HCl, 10 mg, take one tablet at bedtime, on 3/19, 3/20 and 3/25/2022 at 9:00 pm.
- Resident #2: Levothyroxine Sodium, 75 mcg, take one tablet in the morning before breakfast, on 3/1, 3/3, 3/4, 3/6, 3/7, 3/8, 3/12 and 3/15/2022 at 6:00 am.

Staff person B administered medications to residents to include the following:

- Resident #1: Atorvastatin, 20 mg, take one tablet daily at bedtime, on 3/26 and 3/27/2022 at 8:00 pm.
- Resident #1: Trazadone, 50 mg, take one to two tablets daily at bedtime, on 3/26 and 3/27/2022 at 8:00 pm.

Plan of Correction

Directed

By 6/1/2022, all Med Tech's will have completed the department approved modified medication administration course, including the required medication administration observations and MAR reviews. Documentation of compliance will be kept on file and sent to the department with this Plan of Correction.

DIRECTED: Within 30 days of receipt of the plan of correction - The administrator will audit the training records for all staff currently responsible for medication administration and diabetic care, including the administration of insulin and performing blood sugar checks, to ensure that each staff member has successfully completed the requirements of regulation 2600.190a and has successfully completed a Department-approved diabetes patient education program within the past 12 months.

190a - Completion Medication Course (continued)

All staff found to be lacking any of these requirements will not administer medication, insulin or perform blood sugar checks until the requirements are met. Documentation will be provided to the Department upon completion. Ongoing, medication administration annual practicum observations and reviews shall be provided by a person with current "Train-the-Trainer" program certification. Annual practicum observations and record reviews shall be added to the staff training plan for each staff person responsible for medication administration. In addition, the administrator will monitor the diabetic training of the staff on a semi-annual basis to ensure that training requirements are being maintained. Annual diabetic training will be added to the staff training plan for each staff person responsible for diabetic care. Staff training needs will be included in the home's next quality management review.

Completion Date: 06/01/2022 Licensee's Proposed Date for POC Implementation

Implemented
8/10/22

225c - Additional Assessment

1. Requirements

2600.

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

1. Annually.

Description of Violation

The assessment for resident #6, dated [REDACTED] 2021, does not include the need for a mechanical soft diet as indicated on a new diet order dated [REDACTED]/2022.

Plan of Correction

Directed

By 6/1/2022, Staff will be educated on the Traditions Policy on Nursing Assessments. Documentation of education will be kept. Audit tool for RASP renewals will be kept by Wellness Director and reviewed monthly. All Annual or Change of Condition RASPS will be documented on tool and all assessments will be renewed in a timely manner according to the policy.

Within 2 calendar days of receipt of the plan of correction - The assessment for resident #6 will be updated to reflect all current orders, including the mechanical soft diet. - [REDACTED] 6/30/22

Within 15 calendar days of receipt of the plan of correction - The administrator will develop a system to ensure resident assessments are immediately updated as resident care needs change. All direct care staff persons shall be educated on the system. Documentation of education will be kept. - [REDACTED] 6/30/22

Within 30 calendar days of receipt of the plan of correction - The administrator or designee will review the assessments of all current residents to ensure a timely, complete and accurate assessment is present in each record, including all diagnoses, special diets, and other needed services. Documentation will be kept. - [REDACTED] 6/30/22

Completion Date: 06/01/2022 Licensee's Proposed Date for POC Implementation

Implemented
8/10/22

42v - Resident-Home Contract

1. Requirements

42v - Resident-Home Contract (continued)

2600.

42.v. A resident has the right to receive services contracted for in the resident-home contract.

Description of Violation

According to staff interviews, resident #1 requires physical assistance to use the bathroom when she is in pain. On 3/20/2022, the resident #1 rang the call bell on at least 2 occasions for assistance to the bathroom. Call bell records indicate the resident rang the bell at 5:02 am and had to wait 1 hour 17 minutes before the call bell was answered and at 2:54 pm. the resident waited 2 hours 26 minutes before the call bell was answered. Resident #1 soiled herself while waiting for assistance. Resident #1's resident-home contract, dated 6/28/2021, indicates assistance with ADL's and IADL's is to be provided by the home.

Repeat Violation 5/12/2021 et al.

Plan of Correction

Directed

By 6/1/2022 Staff will be educated on the Traditions Management Policy on Answering Resident Call Bells, including the acceptable timeframe to answer. Management Staff will implement the process of pulling and reviewing the call bell report monthly at the Quality Assurance Meetings. Call Lights that show an answer time in excess of 30+ minutes will be investigated by the management team and the staff member responsible will be educated. Disciplinary action will be pursued according to Traditions Management Policy.

DIRECTED: Within 15 calendar days of receipt of the plan of correction - The administrator will implement procedures that ensure compliance with §2600.42(v). The procedures will include, at a minimum, monthly administrator or designee interviews with at least 4 residents regarding care and treatment, including assistance with incontinence care, bathing, repositioning and bathing. The administrator or designee will increase supervision of staff during care with assistive devices to ensure that staff are promptly and proficiently assisting residents with care needs. 6/30/22

Completion Date: 06/01/2022 Licensee's Proposed Date for POC Implementation

Implemented 8/10/22

57c - 2 Hours/Day

1. Requirements

2600.

57.c. Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.

Description of Violation

On 2/27/2022, there were 84 residents in the home, including 17 with mobility needs, requiring a minimum of 101 hours of personal care staffing. On this date, only 97.53 hours of direct care staffing was provided.

Repeat violation: 5/12/2021 et al

Plan of Correction

Accept

Administrator/Designee will ensure that staff schedule is adequate to support the census of all residents. Census will be reviewed daily in the morning for any changes to those residents who have been discharged and/or those who will be admitted. Staff schedule will reflect two hours of personal care per day for each immobile resident and one hour of personal care per day for each mobile resident. If staff is not adequate, due to call off, or will be inadequate for any reason, Administrator/Designee will immediately attempt to schedule substitute personnel or contact a staffing agency to maintain appropriate staffing levels for that shift. Administrator/Designee will keep a four-week master schedule and will review daily for any changes or amendments that need to occur to support adequate

57c - 2 Hours/Day (continued)

staffing per the current census. Daily census sheets will be reviewed and kept in the master scheduling book to determine that adequate staffing is maintained. Staff will be educated on the importance and regulation related to adequate hours of persona care. This in-service will be performed by [REDACTED] 2022.

Completion Date: 06/01/2022 Licensee's Proposed Date for POC Implementation

Implemented

[REDACTED] 8/10/22

103g - Storing Food**1. Requirements**

2600.

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

Description of Violation

There was an open and undated 25 pound bag of rice inside of the open box on the shelf in the dry storage room in the kitchen.

Repeat Violation: 2/27/2020

Plan of Correction**Directed**

By 5/27/2022, Staff will perform an audit of all refrigerated and frozen items to ensure that each product is stored properly, dated and within expiration timeframe. Audit will be performed once a day for 6 weeks and then once weekly for 6 months. Staff will be educated on proper storage techniques. Documentation will be kept.

Within 24 hours of receipt of plan of correction - Dry food storage areas will be included in the daily audit of food storage areas. - [REDACTED] 8/10/22

DIRECTED: Within 24 hour of receipt of plan of correction - Bag of unsealed rice to be discarded if not done so already. -- [REDACTED] 6/30/22

Completion Date: 05/27/2022 Licensee's Proposed Date for POC Implementation

Implemented

[REDACTED] 8/10/22

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

2600.

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

Description of Violation

The fire drill records for the drills conducted on 12/31/2021, 1/11/2022 and 2/26/20022 do not include:

- * Exit route(s) used
- * Total number of residents in the building
- * Number of staff participating

Repeat Violation: 2/27/2020

Plan of Correction**Directed**

By 5/27/2022 staff education will be conducted with Maintenance Department and designee to include proper documentation of fire drill on the approved DHS form. This documentation will include exit routes used, total number of residents in building and number of staff participating. Administrator/designee will review and initial fire drill record after fire drill has occurred to ensure proper documentation.

132c - Fire Drill Records (continued)

Fire drills were completed 4/29/22 and 5/31/22 and the fire drill record was completed in full. See attached copy of fire drill record. -- [REDACTED] 6/30/22

Completion Date: 05/31/2022 Licensee's Proposed Date for POC Implementation

Implemented
8/10/22

184b - Resident's Meds Labeled

1. Requirements

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

On 3/29/2022, a bottle of Vitamin D3 oral tablet 50 mcg (2000 IU), belonging to resident #1 was in the first floor medication cart and was not labeled with the resident's name.

On 3/29/2022, 2 bottles of Acetaminophen 650 mg, belonging to resident #1 were in the first floor medication cart and not labeled with the resident's name.

Repeat Violation: 2/27/2020

Plan of Correction

Directed

By 6/1/2022, all Nurses/Med Techs shall be re-educated on the 6 rights of Medication Administration as well as the Traditions policy on medication administration and documentation of medication administration. Documentation will be kept.

Staff training will include labeling of all medication, including OTC and CAM. - [REDACTED] 8/10/22

DIRECTED: Within 15 calendar days of receipt of the plan of correction - The administrator or designee will complete a complete medication audit to ensure all medications, including OTC medications are labeled with the resident's name. -- [REDACTED] 6/30/22

Completion Date: 06/01/2022 Licensee's Proposed Date for POC Implementation

Not Implemented
8/10/22

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 #1 is prescribed Acetaminophen 500 mg, take two tablets (1,000 mg), 3 times a day as needed for pain; however, there are 2 bottles of 650 mg Acetaminophen available for the resident.

Resident #2 is prescribed Quetiapine Fumarate 50 mg, take one tablet twice a day; however, the 50 mg tablets in the bottle are all cut in half.

Resident #5's Prodigy Auto Code glucometer was not calibrated to the correct time.

Resident #5's glucometer contained readings that did not match the blood glucose reading recorded in the March MAR including the following:

185a - Implement Storage Procedures (continued)

- * There was no glucometer reading to correspond with the MAR entry of 197 on 3/27/2022 at 4:02 pm.
- * The glucometer reading on 3/27/2022 at 5:42 am was 167; however, 164 was entered on the MAR.
- * There was no glucometer reading to correspond with the MAR entry 358 on 3/27/0222 at 4:28 pm.
- * There was no glucometer reading to correspond with the MAR entry 410 on 3/25/2022 at 4:19 pm.

Plan of Correction**Directed**

By 6/1/2022 The Nurse/Med Tech shall complete both a MAR audit and Med Cart Audit once per week for 1 month and then once monthly for 6 months for all residents to ensure that all currently prescribed medications are available and to review all medication pharmacy labels to ensure accuracy in accordance with prescriber's orders. The Nurse/Med Tech will review the medications for all current residents to ensure that all medications are present and available in accordance with prescriber's orders. Documentation of audit will be kept. Within 72 hours of the receipt of this plan of correction, Resident #1's bottle of Acetaminophen 650 mg tablet label will be updated in accordance with the prescriber's orders. Within 72 hours of receipt of this plan Resident #2's Quetiapine Fumarate 50 mg tablet label will be updated in accordance with the prescriber's orders. Within 72 hours of the receipt of this plan, Resident #5's Prodigy Auto Code glucometer will be calibrated to the correct time.

DIRECTED: Resident #1's Acetaminophen 650mg will be replaced with the prescribed dosage of 500mg, in accordance with prescriber's orders. [REDACTED] 8/10/22

DIRECTED: Within 2 calendar days of receipt of the plan of correction and at least weekly thereafter - The administrator or designed staff person who is trained in medication administration will audit the actual readings on each resident's glucometer as compared with the documented readings on the resident's medication administration record (MAR), and also ensure the glucometer is calibrated to the current date and time. This shall be done at least weekly for residents who receive blood glucose testing and shall consist of all readings for the previous week. The weekly audits shall occur for a minimum of five weeks commencing upon the receipt of this plan. Documentation will be kept.

DIRECTED: Within 2 calendar days of receipt of the plan of correction - A designated staff person who is trained in medication administration will monitor the medication administration record (MAR) daily to ensure all medication administration documentation, is complete and accurate, including units of insulin administered. Documentation will be kept. [REDACTED] 6/30/22

DIRECTED: Within 15 calendar days of receipt of the plan of correction - All staff persons administering medication will be reeducated on proper medication administration procedures including following the orders of the prescriber and matching the medication labels to the orders. Documentation will be kept.-- [REDACTED] 6/30/22

DIRECTED: Within 15 calendar days of receipt of the plan of correction - The administrator or designee who is trained in medication administration, will observe a medication pass by each staff person who administers medication, at least two times, then monthly thereafter to ensure all medication administration is complete and accurate. Documentation will be kept.-- [REDACTED] 6/30/22

Completion Date: 06/01/2022 Licensee's Proposed Date for POC Implementation

Not Implemented**[REDACTED] 8/10/22****187d - Follow Prescriber's Orders****1. Requirements**

2600.

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

187d - Follow Prescriber's Orders (continued)

Description of Violation

Resident #1 is prescribed Furosemide 40 mg, take one tablet by mouth twice a day; however, the March MAR indicates, Furosemide 40 mg, take one tablet by mouth daily. The resident has been receiving the medication one time per day.

Resident #1 is prescribed Incruse Ellipta 62.5 mcg, inhale one puff once a day; however, the medication was not available in the home for administration on [REDACTED] 022 and [REDACTED] 2022.

Resident #1 is prescribed Vitamin D3 1,000 IU, take one tablet by mouth daily; however, the label on the bottle indicates Vitamin D3 2,000 IU. The resident has been receiving the 2,000 IU tablet.

Resident #3 is prescribed Nifedipine ER 24HR 60 mg, take two tablets by mouth every day. However, according to the March MAR, the resident was administered one tablet per day on [REDACTED] 2022 and [REDACTED] 2022 at 8:00 am.

Resident #3 is prescribed Nystatin 100,000 cream, apply topically to [REDACTED] daily and as needed; however, according to the March 2022 MAR, the cream was not administered on 3/2, 3/11, 3/14, 3/17, 3/19, 3/20, 3/22, and 3/28/2022 as it was not available in the home.

Resident #4 is prescribed Aveeno daily moisturizing external lotion 1.3%, apply to hands and feet 4 times a day. However, according to the March MAR, the lotion was not applied on multiple dates to include 3/3, 3/10, 3/11, 3/12, 3/13, 3/15, 3/23, 3/24, 3/26, and 3/27/2022.

Plan of Correction**Directed**

By 6/1/2022 The Nurse/Med Tech shall complete both a MAR audit and Med Cart Audit once per week for 1 month and then once monthly for 6 months for all residents to ensure that all currently prescribed medications are available and to review all medication pharmacy labels to ensure accuracy in accordance with prescriber's orders. The Nurse/Med Tech will review the medications for all current residents to ensure that all medications are present and available in accordance with prescriber's orders. Documentation of audit will be kept. Within 72 hours of the receipt of this plan of correction, Resident #1's Furosemide 40 mg tablet label will be updated in accordance with the prescriber's orders. Within 72 hours of the receipt of this plan of correction, Resident #1's Incruse Ellipta 62.5 mcg inhaler will be available according to prescriber's orders. Within 72 hours of the receipt of this plan of correction, Resident #1's Vitamin D3 1,000 u tablet label will be updated according to the prescriber's orders. Within 72 hours of the receipt of this plan, Resident #3's Nifedipine ER 24 HR 6 mg tablet label will be updated according to prescriber's orders. Within 72 hours of the receipt of this plan, Resident #3's Nystatin 100,000 cream will be available and labeled according to the prescriber's orders. Within 72 hours of the receipt of this plan, Resident #4's Aveeno daily moisturizing external lotion 1.3% will be available and labeled according to the prescriber's order.

DIRECTED: Resident #1's bottle of Vitamin D3 will be replaced with the prescribed dosage of 1000IU, one daily, in accordance with prescriber's orders. -- [REDACTED] 8/10/22

DIRECTED: Within 2 calendar days of receipt of the plan of correction - A designated staff person who is trained in medication administration will monitor the medication administration record (MAR) daily to ensure all medication administration documentation is complete, and accurate. Documentation will be kept. -- [REDACTED] 6/30/22

DIRECTED: Within 15 calendar days of receipt of the plan of correction - The administrator or designee who is trained in medication administration will observe a medication pass by each staff person who administers medication, at least two times, then monthly thereafter to ensure all medication administration documentation is complete, current and accurate. Documentation will be kept.-- [REDACTED] 6/30/22

Completion Date: 06/01/2022 Licensee's Proposed Date for POC Implementation

Not Implemented

[REDACTED] 8/10/22

225a - Assessment 15 Days

1. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department’s assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

The assessment for resident #1, dated [REDACTED] 2021, indicates that the resident is independent with toileting; however, according to staff interviewed resident #1 will ring for help to go to the bathroom when [REDACTED] is in pain. Also, the assessment was not updated to address the resident's new diagnosis [REDACTED], as indicated on the medical evaluation, dated [REDACTED] 2022.

The assessment for resident #3, dated [REDACTED] 2022, does not include the dietary need for a mechanical soft diet, as indicated on a diet order dated [REDACTED] 2022.

Repeat Violation: 5/12/2021 et al

Plan of Correction

Directed

By 6/1/2022, Staff will be educated on the Traditions Policy on Nursing Assessments. Documentation of education will be kept. Audit tool for RASP renewals will be kept by Wellness Director and reviewed monthly. All Annual or Change of Condition RASPS will be documented on tool an all assessments will be renewed in a timely manner according to the policy.

DIRECTED: Within 2 calendar days of receipt of the plan of correction - Assessments for residents #1 and #3 will be updated to reflect all current orders. - [REDACTED] 6/30/22

DIRECTED: Within 15 calendar days of receipt of the plan of correction - The administrator will develop a system to ensure resident assessments are immediately updated as resident care needs change. All direct care staff persons shall be educated on the system. Documentation of education will be kept. - [REDACTED] 6/30/22

DIRECTED: Within 30 calendar days of receipt of the plan of correction - The administrator or designee will review the assessments of all current residents to ensure a timely, complete and accurate assessment is present in each record, including all diagnoses, special diets, and other needed services. Documentation will be kept. - [REDACTED] 6/30/22

Completion Date: 06/01/2022 Licensee's Proposed Date for POC Implementation

Implemented

[REDACTED] 8/10/22