

Department of Human Services
Bureau of Human Service Licensing

May 2, 2022

[REDACTED], EXECUTIVE DIRECTOR
[REDACTED]

RE: BRANDYWINE SENIOR LIVING AT
DRESHER ESTATES
1405 NORTH LIMEKILN PIKE
DRESHER, PA, 19025
LICENSE/COC#: 14424

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/28/2022, 03/29/2022 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

Facility Information

Name: *BRANDYWINE SENIOR LIVING AT DRESHER ESTATES* License #: *14424* License Expiration: *07/02/2022*
Address: *1405 NORTH LIMEKILN PIKE, DRESHER, PA 19025*
County: *MONTGOMERY* Region: *SOUTHEAST*

Administrator

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

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *10/25/2001* Issued By: *CWOPA L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *125* Waking Staff: *94*

Inspection Information

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

Inspection Dates and Department Representative

03/28/2022 - On-Site: [REDACTED]
03/29/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *112* Residents Served: *86*

Secured Dementia Care Unit

In Home: *Yes* Area: *Reflections* Capacity: *25* Residents Served: *20*

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *86*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *39* Have Physical Disability: *0*

Inspections / Reviews

03/28/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/25/2022*

Inspections / Reviews (*continued*)

04/26/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *05/02/2022*

05/02/2022 - Document Submission

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

3c - Post Current License

1. Requirements

2600.

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

Description of Violation

On 3/28/22 the home's most recent license inspection summary, dated 3/22/21 and a copy of 55 Pa.Code 2600, was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept

During day one of the survey (3/28), this was rectified immediately and the inspection summary was placed at the front desk.

Concierge will check daily at start of shift that the license summary binder is accessible and within sight at the front desk.

Training on front desk policies including the need for license summary binder to be completed no later than 4/30/22.

ED, Wellness Director, or designee will check to ensure the license summary remains at the front desk as a part of the community's Quality Management meetings on a quarterly basis.

POC to be reviewed at Quarterly Quality Improvement meeting.

Completion Date: Immediately/ April 30, 2022 / ongoing quarterly

Completion Date: 03/28/2022

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

On 3/28/22, an influenza awareness poster was not posted in a conspicuous place as required by the Influenza Awareness Act House Bill 1785.

Plan of Correction

Accept

During day one of the survey (3/28), this was rectified immediately and the Influenza Poster from the DHS website was placed at the front desk.

Concierge will check daily at start of shift that the flu poster is accessible and within sight at the front desk.

Training on front desk policies including the need for a visible flu poster to be completed no later than 4/30/22.

The ED, Wellness Director, or designee will check to ensure the poster remains at the front desk year round as apart of the community's Quality Management meetings on a quarterly basis.

18 - Compliance With Laws (continued)

POC to be reviewed at Quarterly Quality Improvement meeting.

Completion Date: Immediately/ April 30, 2022 / ongoing quarterly

Completion Date: 03/28/2022

Document Submission

Implemented

20b6 - Interest Bearing Account**1. Requirements**

2600.

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

6. If a home is holding more than \$200 for a resident for more than 2 consecutive months, the administrator shall notify the resident and offer assistance in establishing an interest-bearing account in the resident's name at a local Federally-insured financial institution. This does not include security deposits.

Description of Violation

The home held money for resident 1, from 8/12/21, during which time the balance of those funds did not fall below \$300. The home has not offered the resident an interest-bearing account.

Plan of Correction

On 4 /4 / 22 the Business Office Manager audited the balances of all resident fund accounts.

The Business Office Manager or designee will send a letter to any resident with greater than \$200 in funds for a signature acknowledging the receipt of an offering of an interest bearing account.

Signed letter will be kept with resident fund audit sheets and will require a new signature every two months if funds continue to exceed allotted amount.

This will be monitored as a part of the community's Quality Management meetings on a quarterly basis.

Resident Funds audit tool, resident's signed letter, and Quality Management Audit tool attached

POC to be reviewed at Quarterly Quality Improvement meeting.

Completion Date: 4/4/22 and ongoing every 2 months and quarterly

Completion Date: 04/04/2022

Document Submission

Implemented

23a - Activities of Daily Living Assistance**1. Requirements**

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

23a - Activities of Daily Living Assistance (continued)

Description of Violation

The assessment and support plan, dated [REDACTED], for resident 2 indicates the resident requires assistance with toileting. On 3/26/22, 3/27/22, and 3/28/22, the resident did not receive this assistance as required.

Plan of Correction

Accept

Resident number 2's support plan was updated to reflect that [REDACTED] is independent with toileting.

Additionally staff will be re-in serviced on the importance of providing ADL care as indicated in the RASP no later than 4/30/2022

All RASPs will be reviewed by Wellness Director or Assistant Wellness Director for accuracy in regard to ADLs. This training will continue to be a part of the community's annual training as well.

POC to be reviewed at Quarterly Quality Improvement meeting.

Completion date: 4/30/22 and annually

Completion Date: 04/30/2022

Document Submission

Implemented

25b - Contract Signatures

1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated [REDACTED], for resident 3 was not signed by the resident.

The resident-home contract, dated [REDACTED] for resident 4 was not signed by the resident.

Plan of Correction

Accept

The contracts for residents 3 and 4 were updated.

All resident agreements were audited for signatures on 4 /2/22.

All contracts shall be reviewed for required signatures on day of signing by the Executive Director, Business Office Manager, or designee.

New resident files for that quarter will be audited at quality management meetings.

POC will be reviewed on a quarterly basis at Quality Management Meetings by the Executive Director, Business Office Manager, or designee.

Completion Date: 4/2/22 and ongoing quarterly

25b - Contract Signatures (continued)**Completion Date:** 04/02/2022**Document Submission****Implemented****41e - Signed Statement****1. Requirements**

2600.

41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

Description of Violation

Resident 3's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

Resident 4's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

Plan of Correction**Accept**

The contracts for residents 3 and 4 were updated. The resident agreement includes the resident's rights.

All resident agreements were audited for signatures on 4 /2/22.

All contracts shall be reviewed for required signatures on day of signing by the Executive Director, Business Office Manager, or designee.

New resident files for that quarter will be audited at quality management meetings.

POC will be reviewed on a quarterly basis at Quality Management Meetings by the Executive Director, Business Office Manager, or designee.

Completion Date: 4/2/22 and ongoing quarterly

Completion Date: 04/02/2022**Document Submission****Implemented****42c - Treatment of Residents****1. Requirements**

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

Resident 2 was told by staff not to ask for anything after 8:00 pm.

Plan of Correction**Accept**

There was no particular staff member mentioned by the resident, so the community re-in serviced the staff on resident rights by 4/30/22, which includes the right to be treated with dignity and respect.

42c - Treatment of Residents (continued)

This in-service also remains as a topic in the annual training calendar.

On the presumed weekend in question (3/26/22) regarding the staff's comment, the community's Wellness Director was passing medications and the resident called on the phone several times for his medicine. The Wellness Director educated the resident that his medications were scheduled by his physician on his Medication record, so there was no need to call down for them, and that she would be down to his apartment shortly to give them to him.

Resident has been provided a list of medication times as ordered by his physician to provide comfort and security when in question.

Wellness staff has been directed not to use similar language when explaining medication passes in the future to avoid any further confusion.

POC to be reviewed at Quarterly Quality Improvement meeting.

Completion Date: 4/30/22 and ongoing annually

Completion Date: 04/30/2022

Document Submission

Implemented

52 - Hiring Staff

1. Requirements

2600.

52. Staff Hiring, Retention and Utilization - Hiring, retention and utilization of staff persons 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) and other applicable regulations.

Description of Violation

Staff member A was hired on [REDACTED]. The staff member's criminal background check was completed on [REDACTED]

Plan of Correction

Accept

The staff member in question is no longer employed at the community.

The Business Office Manager audited the staff files by 4/21/22 to check for compliance with background checks and orientation training.

Business office manager or designee will utilize a tickler to track background checks and orientation training for new staff.

Files for newly hired staff each quarter will be reviewed by Business Office Manager or designee.
Background Check tickler Attached

POC to be reviewed at Quarterly Quality Improvement meeting.

Completion Date: 4/21/22 and Ongoing Quarterly

52 - Hiring Staff (continued)

Completion Date: 04/21/2022

Document Submission

Implemented

65c - Ancillary Staff Orientation

1. Requirements

2600.

65.c. Ancillary staff persons shall have a general orientation to their specific job functions as it relates to their position prior to working in that capacity.

Description of Violation

Ancillary staff person A, whose first day of work was [REDACTED], did not have a general orientation to his/her specific job functions until 12/18/21.

Plan of Correction

Accept

The staff member in question is no longer employed at the community.

The business office manager audited the staff files by 4/21/22 to check for compliance with background checks and orientation training.

Business office manager or designee will utilize a tickler to track background checks and orientation training for new staff.

Files for newly hired staff each quarter will be reviewed by Business Office Manager or designee at Quality Management.

POC to be reviewed at Quarterly Quality Improvement meeting.

Orientation Tracker Attached

Completion Date: 4/21/22 and Ongoing Quarterly

Completion Date: 04/21/2022

Document Submission

Implemented

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 first aid kit on the first floor does not include a thermometer.

Plan of Correction

Accept

The first aid kit in question had a thermometer placed in it on the day of inspection.

By 4/1/22 all first aid kits in the community were audited for the proper contents.

96a - First Aid Kit (continued)

All first aid kits to be checked by Wellness Director, Assistant Wellness director, or designee monthly as a part of quality metrics.

POC to be monitored by the Wellness Director or designee quarterly through the Quality Management process.

Completion Date: 4/1/22 and ongoing quarterly

Completion Date: 04/01/2022

Document Submission

Implemented

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 wall in the bedroom on the left side of room 256 has a hole in the wall that appears to have been previously patched but has reopened.

Plan of Correction

The affected section of the wall in the resident's apartment has been repaired.

Accept

The resident's apartments will be monitored for necessary repairs during weekly housekeeping rounds by the housekeeping staff or designee.

TEls system will continue to be utilized and monitored for any necessary repairs within the community.

POC to be reviewed at Quarterly Quality Improvement meeting.

Completion Date: Immediately and ongoing weekly

Completion Date: 03/30/2022

Document Submission

Implemented

103e - Left Overs

1. Requirements

2600.

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

Description of Violation

There was an undated bag of Pepperidge Farm Montauk cookies in the Reflections kitchenette cabinet.

Plan of Correction

The undated and unlabeled food was immediately discarded.

Accept

Staff will be in-serviced on dating and labeling food by 4/30/2022.

103e - Left Overs (continued)

Dining Services Director or designee will monitor food for dates and labels on a weekly basis during the inventory process for food ordering.

POC to be reviewed at Quarterly Quality Improvement meeting.

Completion Date: Immediately, 4/30/22, and ongoing weekly

Completion Date: 03/29/2022

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

There were unlabeled, undated bags of chocolate cake mix and pancake mix in the dry storage area.

There was a bag of parmesan cheese, two bags of cheddar cheese, a piece of pastrami, a bag of sun-dried tomatoes, a container of red sauce, and a bag of shredded carrots in the walk-in refrigerator, all unlabeled and undated.

Plan of Correction

The undated and unlabeled food was immediately discarded.

Staff will be in-serviced on dating and labeling food by 4/30/2022.

Dining Services Director or designee will monitor food for dates and labels on a weekly basis during the inventory process for food ordering.

POC to be reviewed at Quarterly Quality Improvement meeting.

Completion Date: Immediately, 4/30/22, and ongoing weekly

Completion Date: 03/29/2022

Document Submission

Implemented

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.

123b - Emergency Procedures Posted (*continued*)**Description of Violation**

On 3/28/22, at 10:10 am, the home's emergency procedures were not posted in a conspicuous and public place in the home.

Plan of Correction**Accept**

During day one of the survey (3/28), this was rectified immediately and the emergency procedures were placed at the front desk.

Concierge will check daily at start of shift that the emergency binder is accessible and within sight at the front desk.

Training on front desk policies including the need for emergency binder to be completed no later than 4/30/22.

ED, Wellness Director, or designee will check to ensure the license summary remains at the front desk as a part of the community's Quality Management meetings on a quarterly basis.

POC to be reviewed at Quarterly Quality Improvement meeting.

Completion Date: Immediately, 4/30/22, and ongoing quarterly

Completion Date: 03/28/2022

Document Submission**Implemented**

132a - Monthly Fire Drill

1. Requirements

2600.

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

An unannounced fire drill was not held during the months of January 2022 and February 2022.

Plan of Correction**Accept**

For the months of January and February the community did not conduct fire drills due to active COVID 19 outbreaks.

The community has conducted drills in March and April.

Moving forward, should the community have an outbreak that would jeopardize the ability to conduct a fire drill, the Administrator or designee will contact the DHS regional office for guidance.

POC to be reviewed at Quarterly Quality Improvement meeting.

Completion Date: March, April, and ongoing as needed.

Completion Date: 03/31/2022

Document Submission**Implemented**

183b - Meds and Syringes Locked

1. Requirements

183b - Meds and Syringes Locked (continued)

2600.

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

Description of Violation

On 3/28/22 at 10:01 am, the medication cart was unlocked, unattended, and accessible in Reflections.

Resident 6 self-administers medications. The resident's medication is kept in a pill box on the end table in the sitting area of the resident's room. The resident reports when leaving the room the door is either left open or unlocked.

Plan of Correction**Accept**

Staff person who was responsible for the med cart observed unlocked was re-educated immediately on Regulation 183b.

Staff persons qualified to pass medications will be reeducated and required to attend a mandatory medication safety training including the home's policies and procedures for the safe storage, access, security, distribution, and use of medications no later than 4/30/2022.

The Wellness Director or designee will monitor med carts for being locked during weekly walk through of the community.

Resident #6 has agreed to allow the community to take over her medication administration. This will allow the resident to continue sitting in her apartment with the door open, which is her preference.

POC to be reviewed at Quarterly Quality Improvement meeting.

Completion Date: Immediately, 4/30/22, and ongoing weekly.

Completion Date: 03/28/2022

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

On 3/16/22 at 19:56, the glucometer belonging to resident 8 reads 158, this reading was not recorded on the resident's blood glucose log.

On 3/16/22 at 11:12 pm, the blood glucose log belonging to resident 8 reads 134, this reading was not on the resident's glucometer.

On 3/16/22 at 8:20 pm, the blood glucose log belonging to resident 8 reads 151, this reading was not on the resident's glucometer.

185a - Implement Storage Procedures (continued)

On 3/13/22 at 7:36 pm, the blood glucose log belonging to resident 8 reads 137, this reading was not on the resident's glucometer.

On 3/12/22 at 11:28 pm, the blood glucose log belonging to resident 8 reads 134, this reading was not on the resident's glucometer.

On 3/10/22 at 8:47 pm, the blood glucose log belonging to resident 8 reads 154, this reading was not on the resident's glucometer.

On 3/10/22 at 8:43 am, the blood glucose log belonging to resident 8 reads 140, this reading was not on the resident's glucometer.

On 3/8/22 at 8:02 pm, the blood glucose log belonging to resident 8 reads 207, this reading was 202 on the resident's glucometer.

On 3/7/22 at 8:31 pm, the blood glucose log belonging to resident 8 reads 142, this reading was not on the resident's glucometer.

On 3/4/22 at 8:21 pm, the blood glucose log belonging to resident 8 reads 136, this reading was not on the resident's glucometer.

On 3/3/22 at 8:26 pm, the blood glucose log belonging to resident 8 reads 134, this reading was not on the resident's glucometer.

On 3/3/22 at 5:22 pm, the blood glucose log belonging to resident 8 reads 274, this reading was not on the resident's glucometer.

On 3/2/22 at 7:47 pm, the blood glucose log belonging to resident 8 reads 132, this reading was not on the resident's glucometer.

On 3/1/22 at 8:21 pm, the blood glucose log belonging to resident 8 reads 122, this reading was not on the resident's glucometer.

Plan of Correction**Accept**

Nurses will be in-serviced on Regulation 185a relating to the safe storage, access, security, distribution, and use of medications no later than 4/30/2022.

The Wellness Nurse, Wellness Director, or designee will check for the correct dates, readings, and information on a weekly basis for the next 3 months. This will be recorded on the attached form.

Overnight wellness nurses or designee will audit the Medication Administration Record and Medication carts on a monthly basis to assist with ongoing compliance.

POC to be reviewed at Quarterly Quality Improvement meeting.

185a - Implement Storage Procedures (continued)

Completion Date: 4/30/22, 3 months and ongoing monthly

Completion Date: 04/30/2022

Document Submission

Implemented

2. 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 is prescribed [REDACTED] as needed. On 3/29/22 the medication was not available in the home.

Plan of Correction

Accept

Nurses will be in-serviced on Regulation 185a relating to the safe storage, access, security, distribution, and use of medications no later than 4/30/2022.

The medication [REDACTED] is no longer listed on the MAR as of 4/22/2022.

The Wellness Nurse, Wellness Director, or designee will check for the correct dates, readings, and information on a weekly basis for the next 3 months. This will be recorded on the attached form.

Overnight wellness nurses or designee will audit the Medication Administration Record and Medication carts on a monthly basis to assist with ongoing compliance.

POC to be reviewed at Quarterly Quality Improvement meeting.

Completion Date: 4/22/22, 4/30/22, and ongoing monthly

Completion Date: 04/22/2022

Document Submission

Implemented

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 8 is prescribed [REDACTED] per sliding scale if blood glucose: 150-200= 2u, 201-250= 4u, 251-300= 6u, 301-350= 8u, 351-400= 10u. The dosage is not included on resident 8's medication administration record when the medication is being administered.

Repeat Violation: 3/22/21 et al.

Plan of Correction

Accept

Nurses will be in-serviced on Regulation 187a and 187d relating to the Medication Administration Record and Medication Management by 4/30/2022.

187a - Medication Record (continued)

The Wellness Nurse, Wellness Director, or designee will check for the correct dates, readings, and information on a weekly basis for the next 3 months. This will be recorded on the attached form.

Overnight wellness nurses or designee will audit the Medication Administration Record and Medication carts on a monthly basis to assist with ongoing compliance.

POC to be reviewed at Quarterly Quality Improvement meeting
Completion Date: 4/30/22, 3 months, and ongoing monthly

Completion Date: 04/30/2022

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 #2 is prescribed [REDACTED] daily at bedtime. However, this medication was not administered to resident 2 on 3/28/22 because the medication was not available in the home.

Plan of Correction

The [REDACTED] eye drops are available in the home.

Accept

Nurses will be in-serviced on Regulation 187a and 187d relating to the Medication Administration Record and Medication Management by 4/30/2022.

The Wellness Nurse, Wellness Director, or designee will check for the correct dates, readings, and information on a weekly basis for the next 3 months. This will be recorded on the attached form.

Overnight wellness nurses or designee will audit the Medication Administration Record and Medication carts on a monthly basis to assist with ongoing compliance.

POC to be reviewed at Quarterly Quality Improvement meeting

Completion Date: 4/30/22, 3 months, and ongoing monthly

Completion Date: 04/30/2022

Document Submission

Implemented

2. Requirements

2600.

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

Description of Violation

Resident #8 is prescribed [REDACTED] per sliding scale if blood glucose: 150-200= 2u, 201-250= 4u, 251-300= 6u, 301-350= 8u, 351-400= 10u. However on 3/10/22 at 8:47 pm, resident 8's blood glucose was 154 and the resident

187d - Follow Prescriber's Orders (continued)

was administered 0 units. On 3/28/22 at 9:40 am, resident 8's blood glucose was 152 and the resident was administered 0 units.

Plan of Correction**Accept**

Nurses will be in-serviced on Regulation 187a and 187d relating to the Medication Administration Record and Medication Management by 4/30/2022.

The Wellness Nurse, Wellness Director, or designee will check for the correct dates, readings, and information on a weekly basis for the next 3 months. This will be recorded on the attached form.

Overnight wellness nurses or designee will audit the Medication Administration Record and Medication carts on a monthly basis to assist with ongoing compliance.

POC to be reviewed at Quarterly Quality Improvement meeting

Completion Date: 4/30/22, 3 months, and ongoing monthly

Completion Date: 04/30/2022

Document Submission**Implemented****191 - Resident Right to Refuse****1. Requirements**

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident 3, admitted [REDACTED] has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Resident 4, admitted 4/9/21, has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Plan of Correction**Accept**

The contracts, which include resident rights, for residents 3 and 4 were updated.

All resident agreements were audited for signatures on 4 / 2 / 22 .

All contracts shall be reviewed for required signatures, including resident rights, on day of signing by the Executive Director, Business Office Manager, or designee.

POC will be reviewed on a quarterly basis at Quality Management Meetings by the Executive Director, Business Office Manager, or designee.

Completion Date: 4/2/22 and ongoing quarterly

Completion Date: 04/02/2022

191 - Resident Right to Refuse *(continued)*Document Submission*Implemented*

234a - Admission Support Plan

1. Requirements

2600.

234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident 9 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]. However, the resident's initial support plan was completed on [REDACTED].

Plan of Correction*Accept*

Chart audit was completed by the Wellness Director by 4/15/2022 to ensure each chart had a RASP that was in compliance with the appropriate time frame.

All new residents' charts will be audited for compliance during that Quarter's Quality Management Meeting by the Wellness Director or designee.

POC to be reviewed at Quarterly Quality Improvement meeting.

Completion Date: 4/15/22 and ongoing quarterly

Completion Date: 04/15/2022

Document Submission*Implemented*

82c - Locking Poisonous Materials

1. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

On 3/29/22, a tube of toothpaste was in the medicine cabinet located in the bathroom in resident room number 23, with a manufacturer's label indicating "if swallowed, get medical help or contact Poison Control Center right away". The toothpaste was unlocked, unattended, and accessible to residents in Reflections. Not all the residents of the home have been assessed capable of recognizing and using poisons safely.

On 3/29/22, Purrell High Performance Healthy Soap, with a manufacturer's label indicating "if swallowed, consult a physician or contact poison control center right away", was unlocked, unattended, and accessible to residents in the Reflections kitchenette. Not all the residents of the home have been assessed capable of recognizing and using poisons safely. The same soap is in all of the soap dispensers in Reflections.

Repeat Violation: 3/22/21 et al.

82c - Locking Poisonous Materials (continued)**Plan of Correction****Accept**

All toothpaste that had labels reading, "if swallowed, get medical help or contact poison control" were removed from the Memory Care neighborhood. They were replaced with Vitamin paste kids which does not say, "if swallowed, get medical help or contact poison control".

The Purell High Performance Healthy Soap was removed from the Memory Care neighborhood and replaced with Soft Soap hand pump soap which does not say, "if swallowed, get medical help or contact poison control."

The Assistant Wellness Director or designee will monitor for continued compliance through routine walk through of the neighborhood.

POC to be reviewed at Quarterly Quality Improvement meeting.

Completion Date: Immediately and ongoing regularly

Completion Date: 03/29/2022

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 5's most recent medical evaluation was completed on 7/2/20.

Repeat Violation: 3/22/21

Plan of Correction**Accept**

Chart audit was completed by the Wellness Director by 4/15/2022 to ensure each chart had a Medical Evaluation that was in compliance with the appropriate time frame.

All new residents' charts will be audited for compliance during that Quarter's Quality Management Meeting.

POC to be reviewed at Quarterly Quality Improvement meeting.

Completion Date: 4/15/22 and ongoing quarterly

Completion Date: 04/15/2022

Document Submission

Implemented