

Department of Human Services
Bureau of Human Service Licensing

September 20, 2022

[REDACTED]

WILLIAMSPORT AID II OPCO LLC
330 N WABASH AVENUE,SUITE 3700
CHICAGO, IL, 60611

RE: LEIGHTON PLACE
1251 RURAL AVENUE
WILLIAMSPORT, PA, 17701
LICENSE/COC#: 22660

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/05/2022, 04/06/2022 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: *LEIGHTON PLACE* License #: *22660* License Expiration: *05/15/2023*
Address: *1251 RURAL AVENUE, WILLIAMSPORT, PA 17701*
County: *LYCOMING* Region: *NORTHEAST*

Administrator

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

Legal Entity

Name: *WILLIAMSPORT AID II OPCO LLC*
Address: *330 N WABASH AVENUE, SUITE 3700, CHICAGO, IL, 60611*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *08/28/2002* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *34* Waking Staff: *26*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *04/06/2022*

Inspection Dates and Department Representative

04/05/2022 - On-Site [REDACTED]
04/06/2022 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *65* Residents Served: *27*

Secured Dementia Care Unit

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

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *27*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *7* Have Physical Disability: *0*

Inspections / Reviews

04/05/2022 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *05/26/2022*

07/26/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *08/02/2022*

08/21/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *08/29/2022*

09/20/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

17 - Record Confidentiality

1. Requirements

2600.

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

Description of Violation

The licensing inspection summary dated 3/24/21 posted in the lobby of the home had the privacy coding document attached. The privacy coding document exposes confidential information of the residents.

Plan of Correction

Do Not Accept

During the inspection on 4/5/22, the Regional Ex Director (RED) removed the coding document for the licensing inspection summary dated 3/24/21 from the binder

On 4/11/22 the staff/BOM were educated by the RED on requirements set within regulation 2600.17 Exhibit A- in-service

RED or designee will audit the licensing inspection summary binder weekly x4 weeks, bi-weekly x4 weeks, and monthly x1 to ensure no resident information is present Exhibit A- Audit tool

Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance

Completion Date: 07/05/2022

Update: 07/26/2022

Who will be responsible for ongoing compliance after the audits are completed?

7-26-22

Plan of Correction

Accept

During the inspection on 4/5/22, the Regional Ex Director (RED) removed the coding document for the licensing inspection summary dated 3/24/21 from the binder

On 4/11/22 the staff/BOM were educated by the RED on requirements set within regulation 2600.17 Exhibit A- in-service

RED or designee will audit the licensing inspection summary binder weekly x4 weeks, bi-weekly x4 weeks, and monthly x1 to ensure no resident information is present Exhibit A- Audit tool

Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance

Going forward the BOM along with the ED will continue to monitor for compliance

Completion Date: 07/30/2022

Update: 08/21/2022

evidence of compliance submitted in Step 1.

8-21-22

Document Submission

Implemented

During the inspection on 4/5/22, the Regional Ex Director (RED) removed the coding document for the licensing inspection summary dated 3/24/21 from the binder

17 - Record Confidentiality (continued)

On 4/11/22 the staff/BOM were educated by the RED on requirements set within regulation 2600.17 Exhibit A- in-service

RED or designee will audit the licensing inspection summary binder weekly x4 weeks, bi-weekly x4 weeks, and monthly x1 to ensure no resident information is present Exhibit A- Audit tool

Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance

Going forward the BOM along with the ED will continue to monitor for compliance. Anne Graziano, has approved the verification of compliance or evidence of compliance in step 1.

101j7 - Lighting/Operable Lamp

1. Requirements

2600.

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

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

The bed in room # [redacted] b did not have a bedside lamp or other source of light accessible from the bedside.

Plan of Correction

Do Not Accept

On 4/5/22, RED placed a battery-operated flashlight next to the resident's bed in room [redacted]

On 4/5/22, RED and designee checked each resident's room to ensure there was an operable lamp or other source of lighting that can be turned on at bedside. For any room found to be out of compliance with this regulation, it was immediately corrected

on 4/11/22 RED had provided education to the staff on requirements set within regulation 2600.101j7 Exhibit B RED or designee will check 3 resident rooms weekly x4 weeks, bi-weekly x 4 weeks, and monthly x1 to ensure there will be an operable lamp or other source of lighting that can be turned on at bedside Exhibit B Audit tool Results of the audit will be discussed during monthly QI meetings. The QI committee will determine if continued auditing is necessary based on three consecutive months of compliance

Completion Date: 07/05/2022

Update: 07/26/2022

Who will be responsible for ongoing compliance after the audits are completed?

[redacted], 7-26-22

Plan of Correction

Accept

On 4/5/22, RED placed a battery-operated flashlight next to the resident's bed in room [redacted]

On 4/5/22, RED and designee checked each resident's room to ensure there was an operable lamp or other source of lighting that can be turned on at bedside. For any room found to be out of compliance with this regulation, it was immediately corrected

on 4/11/22 RED had provided education to the staff on requirements set within regulation 2600.101j7 Exhibit B RED or designee will check 3 resident rooms weekly x4 weeks, bi-weekly x 4 weeks, and monthly x1 to ensure there will be an operable lamp or other source of lighting that can be turned on at bedside Exhibit B Audit tool Results of the audit will be discussed during monthly QI meetings. The QI committee will determine if continued auditing is necessary based on three consecutive months of compliance

Going forward the Maintenance Tech will monitor to ensure compliance

Completion Date: 07/30/2022

101j7 - Lighting/Operable Lamp (continued)

Update: 08/21/2022

evidence of compliance submitted in Step 1.

8-21-22

Document Submission

Implemented

On 4/5/22, RED placed a battery-operated flashlight next to the resident's bed in room #323b

On 4/5/22, RED and designee checked each resident's room to ensure there was an operable lamp or other source of lighting that can be turned on at bedside. For any room found to be out of compliance with this regulation, it was immediately corrected

on 4/11/22 RED had provided education to the staff on requirements set within regulation 2600.101j7 Exhibit B RED or designee will check 3 resident rooms weekly x4 weeks, bi-weekly x 4 weeks, and monthly x1 to ensure there will be an operable lamp or other source of lighting that can be turned on at bedside Exhibit B Audit tool Results of the audit will be discussed during monthly QI meetings. The QI committee will determine if continued auditing is necessary based on three consecutive months of compliance

Going forward the Maintenance Tech will monitor to ensure compliance. [redacted], has approved the verification of compliance or evidence of compliance in step 1.

130f - Testing Smoke Detectors

1. Requirements

2600.

130.f. Smoke detectors and fire alarms shall be tested for operability at least once per month. A written record of the monthly testing shall be kept.

Description of Violation

The fire alarms and smoke detectors were not tested 3/20-8/20, 11/20-12/20, 1/21, 3/21 and 5/21.

Plan of Correction

Do Not Accept

On 4/11/22 RED had provided the Maint Tech on the requirements set within regulation 2600.130F Exhibit C In-Service

MT or designee will test the smoke detectors and fire alarms for operability at least once per month then ensure proper documentation is completed

RED or designee will review documentation for fire drill and smoke detector testing biweekly x4 weeks then monthly x2 months to ensure it is being completed according to this regulatory requirement Exhibit C Audit tool

Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance

Completion Date: 07/05/2022

Update: 07/26/2022

Who will be responsible for ongoing compliance after the audits are completed?

7-26-22

Plan of Correction

Accept

On 4/11/22 RED had provided the Maint Tech on the requirements set within regulation 2600.130F Exhibit C In-Service

MT or designee will test the smoke detectors and fire alarms for operability at least once per month then ensure proper documentation is completed

RED or designee will review documentation for fire drill and smoke detector testing biweekly x4 weeks then monthly x2 months to ensure it is being completed according to this regulatory requirement Exhibit C Audit tool

130f - Testing Smoke Detectors (continued)

Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance
Going forward the Maintenance Tech will continue to monitor for compliance
Completion Date: 07/30/2022

Update: 08/21/2022

evidence of compliance submitted in Step 1.

8-21-22

Document Submission

Implemented

On 4/11/22 RED had provided the Maint Tech on the requirements set within regulation 2600.130F Exhibit C In-Service

MT or designee will test the smoke detectors and fire alarms for operability at least once per month then ensure proper documentation is completed

RED or designee will review documentation for fire drill and smoke detector testing biweekly x4 weeks then monthly x2 months to ensure it is being completed according to this regulatory requirement Exhibit C Audit tool

Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance

Going forward the Maintenance Tech will continue to monitor for compliance. [REDACTED], has approved the verification of compliance or evidence of compliance in step 1.

141b1 - Annual Medical Evaluation

1. Requirements

2600.

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

Description of Violation

Resident #1's most recent [REDACTED]

Plan of Correction

Do Not Accept

Resident #1 has a current DME completed and filed in the resident record.

On 4/11/22 , an audit of current resident DMEs was completed and no other DMEs were found to be out of compliance with this regulation.

on 4/11/22 Red had provided education to CSM/acting CSM on requirements set within regulation 2600.141b1 Exhibit D

RED or designee will review 3 resident DMEs weekly x4 weeks then biweekly x4 weeks then monthly x1 month to ensure they are being completed according to this regulatory requirement Exhibit D Audit tool

Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance

Completion Date: 07/05/2022

Update: 07/26/2022

Who will be responsible for ongoing compliance after the audits are completed?

7-26-22

Plan of Correction

Accept

Resident #1 has a current DME completed and filed in the resident record.

On 4/11/22 , an audit of current resident DMEs was completed and no other DMEs were found to be out of compliance with this regulation.

141b1 - Annual Medical Evaluation (continued)

on 4/11/22 Red had provided education to CSM/acting CSM on requirements set within regulation 2600.141b1 Exhibit D

RED or designee will review 3 resident DMEs weekly x4 weeks then biweekly x4 weeks then monthly x1 month to ensure they are being completed according to this regulatory requirement Exhibit D Audit tool

Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance

Going forward the CSM and ED will continue to monitor to ensure compliance

Completion Date: 07/30/2022

Update: 08/21/2022

evidence of compliance submitted in Step 1.

8-21-22

Document Submission

Implemented

Resident #1 has a current DME completed and filed in the resident record.

On 4/11/22 , an audit of current resident DMEs was completed and no other DMEs were found to be out of compliance with this regulation.

on 4/11/22 Red had provided education to CSM/acting CSM on requirements set within regulation 2600.141b1 Exhibit D

RED or designee will review 3 resident DMEs weekly x4 weeks then biweekly x4 weeks then monthly x1 month to ensure they are being completed according to this regulatory requirement Exhibit D Audit tool

Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance

Going forward the CSM and ED will continue to monitor to ensure compliance. Anne Graziano, has approved the verification of compliance or evidence of compliance in step 1.

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:

- 4. The prescribed dosage and instructions for administration.

Description of Violation

Resident #2's [redacted] be given in the morning on the label to the medication.

Plan of Correction

Do Not Accept

On 4/5/22, a change of direction sticker was applied to the [redacted] pharmacy label for Res #2

On 4/11/22 CSM had conducted audit of residents receiving [redacted] to ensure medication label includes prescribed dosage and instructions for administration. No additional findings noted

on 4/11/22 RED had educated the CSM and staff certified to administer medications on requirements set within regulation 2600.184a Exhibit E In-service

RED or designee will audit 3 resident's medications weekly x4 weeks then biweekly x4 weeks then monthly x1 month to ensure all medications are in compliance with this regulation Exhibit E Audit tool

Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance

Completion Date: 07/05/2022

184a - Labeling OTC/CAM (continued)

Update: 07/26/2022

Who will be responsible for ongoing compliance after the audits are completed?

7-26-22

Plan of Correction

Accept

On 4/5/22, a change of direction sticker was applied to the pharmacy label for Res #2
On 4/11/22 CSM had conducted audit of residents receiving to ensure medication label includes prescribed dosage and instructions for administration. No additional findings noted
on 4/11/22 RED had educated the CSM and staff certified to administer medications on requirements set within regulation 2600.184a Exhibit E In-service
RED or designee will audit 3 resident's medications weekly x4 weeks then biweekly x4 weeks then monthly x1 month to ensure all medications are in compliance with this regulation Exhibit E Audit tool
Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance
Going forward the CSM, ED, and lead Med tech will continue to monitor to ensure compliance

Completion Date: 07/30/2022

Update: 08/21/2022

evidence of compliance submitted in Step 1.

8-21-22

Document Submission

Implemented

On 4/5/22, a change of direction sticker was applied to the pharmacy label for Res #2
On 4/11/22 CSM had conducted audit of residents receiving to ensure medication label includes prescribed dosage and instructions for administration. No additional findings noted
on 4/11/22 RED had educated the CSM and staff certified to administer medications on requirements set within regulation 2600.184a Exhibit E In-service
RED or designee will audit 3 resident's medications weekly x4 weeks then biweekly x4 weeks then monthly x1 month to ensure all medications are in compliance with this regulation Exhibit E Audit tool
Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance
Going forward the CSM, ED, and lead Med tech will continue to monitor to ensure compliance. has approved the verification of compliance or evidence of compliance in step 1.

184c - Sample Prescription Meds.

1. Requirements

2600.

184.c. Sample prescription medications shall have written instructions from the prescriber that include the components specified in subsection (a).

Description of Violation

Resident #3's sample medication did not include written instructions from the doctor.

Plan of Correction

Do Not Accept

on 4/5/22 written instructions from the prescriber that include the components specified in subsection a were placed with the sample for Res #3
on 4/11/22 CSM conducted an audit of residents receiving sample medications to ensure written instructions from the prescriber were included. No additional findings noted.

184c - Sample Prescription Meds. (continued)

On 4/11/22 RED had provided education to all staff certified to administer medications on requirements set within regulation 2600.184c Exhibit F
RED or designee will audit 3 resident's medications weekly x4 weeks then biweekly x4 weeks then monthly x1 month to ensure all medications are in compliance with this regulation Exhibit F Audit tool
Results of the audit will be discussed during the QI meetings. The QI Committee will determine if continued auditing is necessary based on the three consecutive months of compliance

Completion Date: 07/05/2022

Update: 07/26/2022

Who will be responsible for ongoing compliance after the audits are completed?

█, 7-26-22

Plan of Correction

Accept

on 4/5/22 written instructions from the prescriber that include the components specified in subsection a were placed with the sample █ for Res #3
on 4/11/22 CSM conducted an audit of residents receiving sample medications to ensure written instructions from the prescriber were included. No additional findings noted.
On 4/11/22 RED had provided education to all staff certified to administer medications on requirements set within regulation 2600.184c Exhibit F
RED or designee will audit 3 resident's medications weekly x4 weeks then biweekly x4 weeks then monthly x1 month to ensure all medications are in compliance with this regulation Exhibit F Audit tool
Results of the audit will be discussed during the QI meetings. The QI Committee will determine if continued auditing is necessary based on the three consecutive months of compliance
The CSM, ED and lead Med tech will continue to monitor to ensure compliance

Completion Date: 07/30/2022

Update: 08/21/2022

evidence of compliance submitted in Step 1.

█, 8-21-22

Document Submission

Implemented

on 4/5/22 written instructions from the prescriber that include the components specified in subsection a were placed with the sample █ for Res #3
on 4/11/22 CSM conducted an audit of residents receiving sample medications to ensure written instructions from the prescriber were included. No additional findings noted.
On 4/11/22 RED had provided education to all staff certified to administer medications on requirements set within regulation 2600.184c Exhibit F
RED or designee will audit 3 resident's medications weekly x4 weeks then biweekly x4 weeks then monthly x1 month to ensure all medications are in compliance with this regulation Exhibit F Audit tool
Results of the audit will be discussed during the QI meetings. The QI Committee will determine if continued auditing is necessary based on the three consecutive months of compliance
The CSM, ED and lead Med tech will continue to monitor to ensure compliance. █, has approved the verification of compliance or evidence of compliance in step 1.

185a - Implement Storage Procedures

1. Requirements

2600.

185a - Implement Storage Procedures (continued)

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

Description of Violation

Resident #4's PRN [redacted] n and Resident #5's PRN [redacted] were not available.

Resident #2's [redacted] was not calibrated to the correct date.

Resident #2's [redacted]

Resident #6's [redacted]

Plan of Correction

Do Not Accept

On 4/6/22 Pharmacy was contacted to request [redacted] res #4 and [redacted] for res #5.

Medications were received 4/6/22

4/6/22 the [redacted] for res #2 was replaced with a new device

On 4/6/22 CSM notified res #2 and res #6 physicians on discrepancy of the documented [redacted] and [redacted] No new orders received

On 4/11/22 RED educated all staff certified to administer medications and perform [redacted] on requirements set within regulation 2600.185a Exhibit G In-service

RED or designee will audit 3 resident's medications weekly x4 weeks then biweekly x4 weeks then monthly x1 month to ensure all medications are in compliance with this regulation Exhibit G Audit tool

RED or designee will audit 1 [redacted] x4 weeks then biweekly x4 weeks then monthly x1 month to ensure it is properly calibrated and in compliance with this regulation Exhibit G Audit tool

RED or designee will audit 2 resident's MARS and compare [redacted] in [redacted] to the readings listed in the MAR to ensure compliance with this regulation

Results of the audit will be discussed during the monthly QI meetings. The QI Committee will determine if continued auditing is necessary on 3 consecutive months of compliance

Completion Date: 07/05/2022

Update: 07/26/2022

Who will be responsible for ongoing compliance after the audits are completed?

The April and May audits are incomplete.

Please send in a complete audit for July.

[redacted], 7-26-22

Plan of Correction

Accept

On 4/6/22 Pharmacy was contacted to request [redacted] for res #4 and [redacted] for res #5.

Medications were received 4/6/22

4/6/22 the [redacted] for res #2 was replaced with a new device

On 4/6/22 CSM notified res #2 and res #6 physicians on discrepancy of the documented [redacted] and [redacted] No new orders received

185a - Implement Storage Procedures (continued)

On 4/11/22 RED educated all staff certified to administer medications and perform [redacted] on requirements set within regulation 2600.185a Exhibit G In-service
 RED or designee will audit 3 resident's medications weekly x4 weeks then biweekly x4 weeks then monthly x1 month to ensure all medications are in compliance with this regulation Exhibit G Audit tool
 RED or designee will audit 1 [redacted] x4 weeks then biweekly x4 weeks then monthly x1 month to ensure it is properly calibrated and in compliance with this regulation Exhibit G Audit tool
 RED or designee will audit 2 resident's MARS and compare [redacted] in the [redacted] to the readings listed in the MAR to ensure compliance with this regulation
 Results of the audit will be discussed during the monthly QI meetings. The QI Committee will determine if continued auditing is necessary on 3 consecutive months of compliance
 Going forward, the CSM, and lead Med Tech will continue to monitor to ensure compliance

Completion Date: 07/30/2022

Update: 08/21/2022

evidence of compliance submitted in Step 1.

[redacted] 8-21-22

Document Submission

Implemented

On 4/6/22 Pharmacy was contacted to request [redacted] for res #4 and [redacted] for res #5.

Medications were received 4/6/22

4/6/22 the [redacted] for res #2 was replaced with a new device

On 4/6/22 CSM notified res #2 and res #6 physicians on discrepancy of the documented [redacted] and [redacted]

No new orders received

On 4/11/22 RED educated all staff certified to administer medications and perform [redacted] on requirements set within regulation 2600.185a Exhibit G In-service
 RED or designee will audit 3 resident's medications weekly x4 weeks then biweekly x4 weeks then monthly x1 month to ensure all medications are in compliance with this regulation Exhibit G Audit tool

RED or designee will audit 1 [redacted] x4 weeks then biweekly x4 weeks then monthly x1 month to ensure it is properly calibrated and in compliance with this regulation Exhibit G Audit tool

RED or designee will audit 2 resident's MARS and compare [redacted] in the [redacted] to the readings listed in the MAR to ensure compliance with this regulation

Results of the audit will be discussed during the monthly QI meetings. The QI Committee will determine if continued auditing is necessary on 3 consecutive months of compliance

Going forward, the CSM, and lead Med Tech will continue to monitor to ensure compliance. [redacted] has approved the verification of compliance or evidence of compliance in step 1.

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

Resident #2 has an order for [redacted] per a [redacted] On [redacted]

Plan of Correction

Do Not Accept

Res # 2 suffered no ill effects from the medication error.

On 4/6/22 res #2's primary care physician was notified of this medication error. No new orders were received

187d - Follow Prescriber's Orders (continued)

On 4/11/22 CSM conducted an audit of the residents receiving [REDACTED] to ensure prescriber instruction followed with no additional findings noted
 on 4/11/22 RED provided education to all staff certified to administer medication on requirements set within regulation 2600.187d Exhibit H
 RED or designee will audit 3 resident's medications weekly for 4 weeks then biweekly x4 weeks then monthly x1 to ensure all medications are administered in compliance with this regulation Exhibit H Audit tool
 Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on 3 consecutive months of compliance
Completion Date: 07/05/2022

Update: 07/26/2022

Who will be responsible for ongoing compliance after the audits are completed?
 [REDACTED], 7-26-22

Plan of Correction

Accept

Res # 2 suffered no ill effects from the medication error.
 On 4/6/22 res #2's primary care physician was notified of this medication error. No new orders were received
 On 4/11/22 CSM conducted an audit of the residents [REDACTED] to ensure prescriber instruction followed with no additional findings noted
 on 4/11/22 RED provided education to all staff certified to administer medication on requirements set within regulation 2600.187d Exhibit H
 RED or designee will audit 3 resident's medications weekly for 4 weeks then biweekly x4 weeks then monthly x1 to ensure all medications are administered in compliance with this regulation Exhibit H Audit tool
 Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on 3 consecutive months of compliance
 Going forward the CSM, ED, and lead Med tech will continue to monitor to ensure compliance
Completion Date: 07/30/2022

Update: 08/21/2022

evidence of compliance submitted in Step 1.
 [REDACTED] 8-21-22

Document Submission

Implemented

Res # 2 suffered no ill effects from the medication error.
 On 4/6/22 res #2's primary care physician was notified of this medication error. No new orders were received
 On 4/11/22 CSM conducted an audit of the residents [REDACTED] to ensure prescriber instruction followed with no additional findings noted
 on 4/11/22 RED provided education to all staff certified to administer medication on requirements set within regulation 2600.187d Exhibit H
 RED or designee will audit 3 resident's medications weekly for 4 weeks then biweekly x4 weeks then monthly x1 to ensure all medications are administered in compliance with this regulation Exhibit H Audit tool
 Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on 3 consecutive months of compliance
 Going forward the CSM, ED, and lead Med tech will continue to monitor to ensure compliance. [REDACTED] has approved the verification of compliance or evidence of compliance in step 1.

227d - Support Plan Medical/Dental

1. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #2's RASP dated [redacted] notes the resident [redacted] [redacted] The RASP doesn't include the description of the service need or the plan to meet that need. The resident also utilizes a [redacted] that is not included in the RASP.

Plan of Correction

Do Not Accept

On 4/7/22 CSM reviewed and updated res #2's assessment and support plan RASP to reflect current needs and plans to meet those needs
On 4/11/22 CSM conducted audit of current residents RASP to ensure a description of service needs plan to meet needs is included. Updates made as necessary at the time of finding
On 4/11 RED provided education to CSM on requirements set within regulation 2600.227d
RED or designee will audit 3 resident's RASPs weekly x4 weeks then biweekly x4 weeks then monthly x1 month to ensure they reflect resident's current needs and plans to meet those needs and in compliance with this regulation Exhibit I Audit tool
results of the audit will be discussed during the QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance

Completion Date: 07/05/2022

Update: 07/26/2022

Who will be responsible for ongoing compliance after the audits are completed?

[redacted], 7-26-22

Plan of Correction

Accept

On 4/7/22 CSM reviewed and updated res #2's assessment and support plan RASP to reflect current needs and plans to meet those needs
On 4/11/22 CSM conducted audit of current residents RASP to ensure a description of service needs plan to meet needs is included. Updates made as necessary at the time of finding
On 4/11 RED provided education to CSM on requirements set within regulation 2600.227d
RED or designee will audit 3 resident's RASPs weekly x4 weeks then biweekly x4 weeks then monthly x1 month to ensure they reflect resident's current needs and plans to meet those needs and in compliance with this regulation Exhibit I Audit tool
results of the audit will be discussed during the QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance

Going forward the CSM, ED, and lead Med Tech will continue to monitor to ensure compliance

Completion Date: 07/30/2022

Update: 08/21/2022

evidence of compliance submitted in Step 1.

[redacted] 8-21-22

Document Submission

Implemented

On 4/7/22 CSM reviewed and updated res #2's assessment and support plan RASP to reflect current needs and

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plans to meet those needs

On 4/11/22 CSM conducted audit of current residents RASP to ensure a description of service needs plan to meet needs is included. Updates made as necessary at the time of finding

On 4/11 RED provided education to CSM on requirements set within regulation 2600.227d

RED or designee will audit 3 resident's RASPs weekly x4 weeks then biweekly x4 weeks then monthly x1 month to ensure they reflect resident's current needs and plans to meet those needs and in compliance with this regulation

Exhibit I Audit tool

results of the audit will be discussed during the QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance

Going forward the CSM, ED, and lead Med Tech will continue to monitor to ensure compliance. [REDACTED] has approved the verification of compliance or evidence of compliance in step 1.