

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

April 21, 2023

[REDACTED]  
SAXONY2 LLC  
[REDACTED]  
[REDACTED]

RE: SAXONY HEALTH CENTER  
223 PITTSBURGH STREET  
SAXONBURG, PA, 16056  
LICENSE/COC#: 44943

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.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: *SAXONY HEALTH CENTER* License #: *44943* License Expiration: *07/16/2023*  
 Address: *223 PITTSBURGH STREET, SAXONBURG, PA 16056*  
 County: *BUTLER* Region: *WESTERN*

**Administrator**

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

**Legal Entity**

Name: *SAXONY2 LLC*  
 Address: *1326 FREEPORT ROAD, SUITE 100, PITTSBURGH, PA, 15238*  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *I-1* Date: *03/16/2022* Issued By: *Saxonburg Borough*  
 Type: *C-2 LP* Date: *10/17/2000* Issued By: *Dept L & I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *45* Waking Staff: *34*

**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: *56* Residents Served: *28*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *E wing* Capacity: *18* Residents Served: *13*

**Hospice**

Current Residents: *6*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *28*  
 Diagnosed with Mental Illness: *6* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *17* Have Physical Disability: *0*

**Inspections / Reviews**

04/05/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/02/2022*

Inspections / Reviews *(continued)*

05/27/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/21/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 06/03/2022

04/21/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/21/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

## 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

Resident #1's resident-home contract, dated [REDACTED] is not signed by the resident.

## Plan of Correction

Accept

Regulation 2600.25.b requires the home's contract be signed by the resident. Resident #1's contract was only signed by the POA and Administrator, missing the resident's signature. This contract was signed by the prior administrator of the home who has since resigned. [REDACTED] unsure of why this occurred. This new administrator reviewed the contract entirely with resident #1 on [REDACTED] and obtained the needed signature from the resident and signed it [REDACTED]. To prevent reoccurrence, the new administrator will review all contracts for appropriate signatures by 4/29/22 and obtain any missing signatures. The new administrator will ensure all new admission contracts are signed and dated by the administrator, resident, and POA/designee on all future admissions. Designated staff member will verify that all signatures are present before placing future admission contracts into the resident's chart, and notify administrator of any missing signatures to be obtained immediately.

Licensee's Proposed Overall Completion Date: 04/29/2022

## Document Submission

Implemented (JW - 04/21/2023)

Regulation 2600.25.b requires the home's contract be signed by the resident. Resident #1's contract was only signed by the POA and Administrator, missing the resident's signature. This contract was signed by the prior administrator of the home who has since resigned. [REDACTED] unsure of why this occurred. This new administrator reviewed the contract entirely with resident #1 on [REDACTED], and obtained the needed signature from the resident and signed it [REDACTED]. To prevent reoccurrence, the new administrator will review all contracts for appropriate signatures by 4/29/22 and obtain any missing signatures. The new administrator will ensure all new admission contracts are signed and dated by the administrator, resident, and POA/designee on all future admissions. Designated staff member will verify that all signatures are present before placing future admission contracts into the resident's chart, and notify administrator of any missing signatures to be obtained immediately.

Licensee's Proposed Overall Completion Date: 04/21/2023

## 41e - Signed Statement

## 2. 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 #1'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

Regulation 2600.41e requires a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures. The resident rights and complaint procedures are included as part of the admission contract that was not signed by resident #1. This contract was completed by the prior administrator. [REDACTED] unsure of why the resident did not sign it. [REDACTED] reviewed the contract with resident #1 on [REDACTED] spending extra time discussing resident rights and complaint procedures. The resident verbalized understanding when [REDACTED] signed the contract. [REDACTED]

**41e - Signed Statement (continued)**

also gave [REDACTED] a copy of the contract after [REDACTED] signed it. The new administrator will complete all new admission contracts, ensuring the resident rights and complaint procedures are reviewed thoroughly and all signatures are obtained. A copy of the contract will be given to each new resident after they have signed to ensure they have a copy of their rights and complaint procedures. A designated staff member will review all future new admission contracts for signatures before filing them in the resident's chart, and will notify the administrator of any missing signatures so they may be obtained immediately.

**Licensee's Proposed Overall Completion Date: 04/08/2022**

**Document Submission****Implemented (JW - 04/21/2023)**

Regulation 2600.41e requires a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures. The resident rights and complaint procedures are included as part of the admission contract that was not signed by resident #1. This contract was completed by the prior administrator. [REDACTED] m unsure of why the resident did not sign it. I reviewed the contract with resident #1 on [REDACTED] spending extra time discussing resident rights and complaint procedures. The resident verbalized understanding when [REDACTED] signed the contract. [REDACTED] gave [REDACTED] a copy of the contract after [REDACTED] signed it. The new administrator will complete all new admission contracts, ensuring the resident rights and complaint procedures are reviewed thoroughly and all signatures are obtained. A copy of the contract will be given to each new resident after they have signed to ensure they have a copy of their rights and complaint procedures. A designated staff member will review all future new admission contracts for signatures before filing them in the resident's chart, and will notify the administrator of any missing signatures so they may be obtained immediately.

**Licensee's Proposed Overall Completion Date: 04/21/2023**

**42I - Personal Clothing****3. Requirements**

2600.

42.I. A resident has the right to furnish his room and purchase, receive, use and retain personal clothing and possessions.

**Description of Violation**

On or around 3/20/22, multiple second floor residents, to include resident #1 and resident #2, verbally agreed to temporarily reside in first floor rooms; however, resident and staff interviews indicate the residents were not permitted to take all of their personal belongings, such as their telephone, television, and furniture, and residents are unable to access their permanent bedrooms independently.

**Plan of Correction****Accept**

Regulation 2600.42I states a resident has the right to furnish his room and retain personal clothing and possessions. The residents who were moved to B-wing temporarily were unable to access all of their belongings independently or take all of their personal belongings to their temporary rooms. They took clothing and DME to the temporary moves. The residents and their belongings were moved to B-wing by the prior administrator. [REDACTED] unaware of what agreement was made to facilitate the move or for how long it was to continue. The residents and staff were notified on 4/6/22 (date of inspection) by this administrator that they are permitted to access their rooms and belongings at any time, and that staff could assist them if needed. All residents agreed to stay in the temporary apartments so long as they could access their belongings. Due to safety concerns, moving them back to their rooms was delayed until walkie talkies for staff to better communicate were received; as well as baby monitors being set up in front of the call bell alarm system to notify staff when call bells were going off on A-wing where the residents originally resided. Baby monitors and walkie talkies were received on 4/15/22 and put into use immediately. Residents were informed by this administrator that they were now able to move back to their apartments effective immediately. This administrator

**42l - Personal Clothing (continued)**

called each resident's family/POA and informed them as well. 2 residents (POA's were agreeable) requested to move to the B-wing permanently, all belongings were moved immediately on 4/15/22. If residents would need moved in the future for any reason, all belongings would be moved with the resident No moves are anticipated at this time. Staff were also retrained regarding resident rights.

Licensee's Proposed Overall Completion Date: 04/15/2022

**Document Submission****Implemented (JW - 04/21/2023)**

Regulation 2600.42l states a resident has the right to furnish room and retain personal clothing and possessions. The residents who were moved to B-wing temporarily were unable to access all of their belongings independently or take all of their personal belongings to their temporary rooms. They took clothing and DME to the temporary moves. The residents and their belongings were moved to B-wing by the prior administrator. unaware of what agreement was made to facilitate the move or for how long it was to continue. The residents and staff were notified on 4/6/22 (date of inspection) by this administrator that they are permitted to access their rooms and belongings at any time, and that staff could assist them if needed. All residents agreed to stay in the temporary apartments so long as they could access their belongings. Due to safety concerns, moving them back to their rooms was delayed until walkie talkies for staff to better communicate were received; as well as baby monitors being set up in front of the call bell alarm system to notify staff when call bells were going off on A-wing where the residents originally resided. Baby monitors and walkie talkies were received on 4/15/22 and put into use immediately. Residents were informed by this administrator that they were now able to move back to their apartments effective immediately. This administrator called each resident's family/POA and informed them as well. 2 residents (POA's were agreeable) requested to move to the B-wing permanently, all belongings were moved immediately on 4/15/22. If residents would need moved in the future for any reason, all belongings would be moved with the resident No moves are anticipated at this time. Staff were also retrained regarding resident rights.

Licensee's Proposed Overall Completion Date: 04/21/2023

**92 - Windows****4. Requirements**

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

**Description of Violation**

On 4/5/22 at approximately 10:20 a.m., there were no screens in the 3 windows in the B-wing dining room near the steam table.

On 4/5/22 at approximately 11:15 a.m., there were no screens in the 10 windows in the B-wing private dining room.

**Plan of Correction****Accept**

Regulation 2600.92 require windows to be securely screened when they are open. On 4/5/22 10 windows in the private dining area and 3 windows near the B wing steam table did not have screens. The windows were closed at that time and had not yet been opened due to cold weather. The screens were missing because the building had undergone some renovations and the contractors did not install the screens due to cold weather, instead they were put into storage. On 4/5/22, the screens were installed in all afore mentioned windows. No further renovations are expected, so this should not reoccur. Building maintenance will check condition of screens and ensure they are in good repair during weekly maintenance checks. The first check was completed 4/25/22. The checklist will be turned into this administrator to ensure they are being completed timely.

## 92 - Windows (continued)

Licensee's Proposed Overall Completion Date: 04/25/2022

**Document Submission**

**Implemented (JW - 04/21/2023)**

Regulation 2600.92 require windows to be securely screened when they are open. On 4/5/22 10 windows in the private dining area and 3 windows near the B wing steam table did not have screens. The windows were closed at that time and had not yet been opened due to cold weather. The screens were missing because the building had undergone some renovations and the contractors did not install the screens due to cold weather, instead they were put into storage. On 4/5/22, the screens were installed in all afore mentioned windows. No further renovations are expected, so this should not reoccur. Building maintenance will check condition of screens and ensure they are in good repair during weekly maintenance checks. The first check was completed 4/25/22. The checklist will be turned into this administrator to ensure they are being completed timely.

Licensee's Proposed Overall Completion Date: 04/21/2023

## 101i - Access to Bedroom

## 5. Requirements

2600.

101.i. A resident shall have access to his bedroom at all times.

**Description of Violation**

On or around 3/20/22, multiple second floor residents, to include resident #1 and resident #2, verbally agreed to temporarily reside in first floor rooms; however, resident and staff interviews indicate the residents were not permitted to take all of their personal belongings, such as their telephone, television, and furniture, and residents are unable to access their permanent bedrooms independently.

**Plan of Correction**

**Accept**

Regulation 2600.101.i states the resident shall have access to their bedroom at all times. During the inspection, resident #1 and #2 were interviewed and reported they were not able to take their telephones, televisions, and furniture during the temporary move, or able to access their bedrooms independently. The residents and their belongings were moved to B-wing by the prior administrator. ■■■ unaware of what agreement was made to facilitate the move or for how long it was to continue. The residents, including #1 & #2, and staff were notified on 4/6/22 (date of inspection) by this administrator that they are permitted to access their rooms and belongings at any time, and that staff could assist them if needed. Both residents agreed to stay in the temporary apartments so long as they could access their belongings. Resident #2 was interviewed by this administrator and ■■■ primary concern was ■■■ telephone, which ■■■ had with ■■■ (it was cordless), but ■■■ stated, "sometimes the battery dies and I can't get the other phone from my room without assistance. The staff were notified immediately to assist with ensuring ■■■ cordless phone is always charged and ■■■ has it with ■■■. This administrator was unable to move resident #1 & resident #2's telephones and televisions immediately to the temporary rooms because the telephone and cable companies would have to come and activate services in the temporary rooms. Televisions and telephones are available in the common areas to use, both residents were ok with this. Due to safety concerns, moving them back to their rooms was delayed until walkie talkies for staff to better communicate were received; as well as baby monitors being set up in front of the call bell alarm system to notify staff when call bells were going off on A-wing, where the residents originally resided, when the staff were working with a resident on B-wing. Baby monitors and walkie talkies were received on 4/15/22 and put into use immediately. Residents were informed by this administrator that they were now able to move back to their apartments effective immediately. This administrator called each resident's family/POA and informed them as well. Resident #1 and all of ■■■ belongings were moved back into ■■■ original apartment on ■■■. Resident #2 was hesitant to move back immediately. This administrator informed

**101i - Access to Bedroom (continued)**

Resident #2 and staff, that [REDACTED] could take [REDACTED] time transitioning back to [REDACTED] apartment, and could continue to sleep in the temporary room until [REDACTED] felt comfortable. [REDACTED] did this for a couple more days, then made the full transition back to [REDACTED] apartment with all of [REDACTED] belongings. Family was aware and agreeable. If residents would need moved in the future for any reason, all belongings would be moved with the resident along with telephone and television. No moves are anticipated at this time. Staff were retrained regarding resident rights.

Licensee's Proposed Overall Completion Date: 04/15/2022

**Document Submission****Implemented (JW - 04/21/2023)**

Regulation 2600.101.i states the resident shall have access to their bedroom at all times. During the inspection, resident #1 and #2 were interviewed and reported they were not able to take their telephones, televisions, and furniture during the temporary move, or able to access their bedrooms independently. The residents and their belongings were moved to B-wing by the prior administrator. [REDACTED] unaware of what agreement was made to facilitate the move or for how long it was to continue. The residents, including #1 & #2, and staff were notified on 4/6/22 (date of inspection) by this administrator that they are permitted to access their rooms and belongings at any time, and that staff could assist them if needed. Both residents agreed to stay in the temporary apartments so long as they could access their belongings. Resident #2 was interviewed by this administrator and her primary concern was [REDACTED] which [REDACTED] had with her(it was cordless), but [REDACTED] stated, "sometimes the battery dies and I can't get the other phone from my room without assistance. The staff were notified immediately to assist with ensuring [REDACTED] cordless phone is always charged and [REDACTED] has it with [REDACTED]. This administrator was unable to move resident #1 & resident #2's telephones and televisions immediately to the temporary rooms because the telephone and cable companies would have to come and activate services in the temporary rooms. Televisions and telephones are available in the common areas to use, both residents were ok with this. Due to safety concerns, moving them back to their rooms was delayed until walkie talkies for staff to better communicate were received; as well as baby monitors being set up in front of the call bell alarm system to notify staff when call bells were going off on A-wing, where the residents originally resided, when the staff were working with a resident on B-wing. Baby monitors and walkie talkies were received on 4/15/22 and put into use immediately. Residents were informed by this administrator that they were now able to move back to their apartments effective immediately. This administrator called each resident's family/POA and informed them as well. Resident #1 and all of [REDACTED] belongings were moved back into [REDACTED] original apartment on [REDACTED]. Resident #2 was hesitant to move back immediately. This administrator informed Resident #2 and staff, that [REDACTED] could take [REDACTED] time transitioning back to [REDACTED] apartment, and could continue to sleep in the temporary room until [REDACTED] felt comfortable. [REDACTED] did this for a couple more days, then made the full transition back to [REDACTED] apartment with all of [REDACTED] belongings. Family was aware and agreeable. If residents would need moved in the future for any reason, all belongings would be moved with the resident along with telephone and television. No moves are anticipated at this time. Staff were retrained regarding resident rights.

Licensee's Proposed Overall Completion Date: 04/21/2023

**102k - No Common Towel****6. Requirements**

2600.

102.k. Use of a common towel is prohibited.

**Description of Violation**

On 4/5/22, an unlabeled hand towel was hanging to the left of the sink in the single common use bathroom in B wing near the living room.

REPEAT VIOLATION: 5/4/2021 et al.

102k - No Common Towel (*continued*)**Plan of Correction****Accept**

*Regulation 2600.102.k states that use of a common towel is prohibited. On 4/5/22 an unlabeled hand towel was hanging to the left of the sink in the single common use bathroom in B-wing near the living room. The towel was removed immediately on 4/5/22 during the inspection. Staff were educated on infection control, including the prohibited use of common use towels. Each staff member was educated on the violation, the infection risk of common use towel, and housekeeping was informed of their responsibilities regarding keeping the paper towel dispensers full (which they were) in common use bathrooms and checking all common use bathrooms for the presence of common use towels daily and removing them immediately. This administrator will perform random weekly checks for the presences of common use towels in the common bathrooms to ensure they are not present and document these checks on attached record. Checks began on 4/11/22*

**Licensee's Proposed Overall Completion Date: 04/29/2022**

**Document Submission****Implemented (JW - 04/21/2023)**

*Regulation 2600.102.k states that use of a common towel is prohibited. On 4/5/22 an unlabeled hand towel was hanging to the left of the sink in the single common use bathroom in B-wing near the living room. The towel was removed immediately on 4/5/22 during the inspection. Staff were educated on infection control, including the prohibited use of common use towels. Each staff member was educated on the violation, the infection risk of common use towel, and housekeeping was informed of their responsibilities regarding keeping the paper towel dispensers full (which they were) in common use bathrooms and checking all common use bathrooms for the presence of common use towels daily and removing them immediately. This administrator will perform random weekly checks for the presences of common use towels in the common bathrooms to ensure they are not present and document these checks on attached record. Checks began on 4/11/22*

**Licensee's Proposed Overall Completion Date: 04/21/2023**

## 121a - Unobstructed Egress

**7. Requirements**

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

**Description of Violation**

*On 4/5/22 at approximately 10:30 a.m., the emergency exit door near the family restroom in B wing was locked with a keypad, and there were no codes posted.*

*On 4/5/22 at approximately 11:15 a.m., 2 square dining tables and several chairs were blocking the emergency egress route in the B-wing dining room.*

**Plan of Correction****Accept**

*Regulation 2600.121.a states that stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed. On 4/5/22 during inspection, the emergency door near the family restroom in B-wing was locked with a keypad, and there were no codes posted. The code was posted at the door immediately on 4/5/22. Maintenance will check the doors weekly to ensure exit codes are posted. The weekly checks will include a sign off that the check was performed in a timely manner. During the inspection on 4/5/22, 2 square dining tables and several chairs were blocking the emergency egress route in B-wing dining room. The table and chairs were not directly blocking the egress but were determined by the surveyor to be impeding the egress route due to their proximity to the exit door. The table and chairs were immediately moved to widen the egress route on*

**121a - Unobstructed Egress (continued)**

4/5/22. Maintenance will perform weekly checks to ensure all egress routes remain unobscured. The weekly checks will include a sign off that the check was performed in a timely manner. The weekly checks began on 4/25/22 and will be turned in to this administrator for review and monitoring to ensure they are being completed in a timely manner.

Licensee's Proposed Overall Completion Date: 04/25/2022

**Document Submission****Implemented (JW - 04/21/2023)**

Regulation 2600.121.a states that stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed. On 4/5/22 during inspection, the emergency door near the family restroom in B-wing was locked with a keypad, and there were no codes posted. The code was posted at the door immediately on 4/5/22. Maintenance will check the doors weekly to ensure exit codes are posted. The weekly checks will include a sign off that the check was performed in a timely manner. During the inspection on 4/5/22, 2 square dining tables and several chairs were blocking the emergency egress route in B-wing dining room. The table and chairs were not directly blocking the egress but were determined by the surveyor to be impeding the egress route due to their proximity to the exit door. The table and chairs were immediately moved to widen the egress route on 4/5/22. Maintenance will perform weekly checks to ensure all egress routes remain unobscured. The weekly checks will include a sign off that the check was performed in a timely manner. The weekly checks began on 4/25/22 and will be turned in to this administrator for review and monitoring to ensure they are being completed in a timely manner.

Licensee's Proposed Overall Completion Date: 04/21/2023

**162c - Menus Posted****8. Requirements**

2600.

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

**Description of Violation**

On 4/6/22, the menus for the current week and the following week were not posted in a conspicuous and public place in the home.

**Plan of Correction****Accept**

Regulation 2600.162.c states that menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home. During the inspection on 4/6/22, the menus for the current week and the following week were not posted in a conspicuous and public place in the home. This administrator is new to the facility as of 4/4/22. While [REDACTED] investigating why the menus were not posted, [REDACTED] informed that our meals/food is delivered to us from the skilled unit that is attached to us but independently managed. They had undergone a management change in their kitchen a few weeks prior to the inspection, so this may be why menus were not provided to our units. [REDACTED] called on 4/6/22 and requested copies of the menus be provided immediately, and every week thereafter, [REDACTED]. Copies of the menus were posted on E-wing in a secure cabinet in the dining area, and in the B-wing dining room, which services both A-wing & B-wing, in conspicuous places when they were received on 4/6/22. A designee will be responsible for ensuring the menus are posted weekly, including the current menu and the following week's menu. The menus will be given to this administrator weekly by the dietary department. [REDACTED] give it to the designee to post in designated locations as mentioned above, every week. Pictures were not obtained of the immediate correction, but were later for this plan of correction.

## 162c - Menus Posted (continued)

Licensee's Proposed Overall Completion Date: 04/06/2022

**Document Submission****Implemented (JW - 04/21/2023)**

Regulation 2600.162.c states that menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home. During the inspection on 4/6/22, the menus for the current week and the following week were not posted in a conspicuous and public place in the home. This administrator is new to the facility as of 4/4/22. While [REDACTED] investigating why the menus were not posted, [REDACTED] informed that our meals/food is delivered to us from the skilled unit that is attached to us but independently managed. They had undergone a management change in their kitchen a few weeks prior to the inspection, so this may be why menus were not provided to our units. [REDACTED] called on 4/6/22 and requested copies of the menus be provided immediately, and every week thereafter, [REDACTED]. Copies of the menus were posted on E-wing in a secure cabinet in the dining area, and in the B-wing dining room, which services both A-wing & B-wing, in conspicuous places when they were received on 4/6/22. A designee will be responsible for ensuring the menus are posted weekly, including the current menu and the following week's menu. The menus will be given to this administrator weekly by the dietary department. [REDACTED] will give it to the designee to post in designated locations as mentioned above, every week. Pictures were not obtained of the immediate correction, but were later for this plan of correction.

Licensee's Proposed Overall Completion Date: 04/21/2023

## 191 - Resident Right to Refuse

**9. 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 #1, admitted [REDACTED], has not been educated to the resident's right to question or refuse medication if the resident believes that there may be a medication error.

**Plan of Correction****Accept**

Regulation 2600.191 states that a resident will be educated 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. During the inspection, Resident #1 had not signed the contract which included [REDACTED] education on a resident's right to question or refuse medication if the resident believes that there may be a medication error. No medication errors occurred. [REDACTED] unsure of why the resident did not sign [REDACTED] contract at the time of [REDACTED] admission or why [REDACTED] was not informed of [REDACTED] right to question or refuse medication if [REDACTED] suspected an error due to [REDACTED] admission process being completed by the home's prior administrator. Our home's admission contract includes review of the resident rights, by signing the contract the resident, administrator, and designee are agreeing that the resident's rights were reviewed at the time of admission. On [REDACTED] this administrator spoke to Resident #1 and reviewed [REDACTED] r contract including resident rights. The resident verbalized understanding of [REDACTED] rights and signed the contract. This administrator also signed the contract and gave a copy of the entire contract to the resident. All contracts in the home were reviewed for compliance by 4/29/22 that all signatures were present, including the resident's signature, to ensure each resident was educated on their right to question or refuse a medication if they believe an error has occurred. To prevent reoccurrence, the new administrator will ensure all new admission contracts are signed and dated by the administrator, resident, and POA/designee on all future admissions. A designated staff member will review the new contract and verify that all signatures are present before placing the new admission contract into the resident's chart, and notify the administrator of any missing signatures, which will be obtained immediately.

## 191 - Resident Right to Refuse (continued)

Licensee's Proposed Overall Completion Date: 04/29/2022

**Document Submission****Implemented (JW - 04/21/2023)**

Regulation 2600.191 states that a resident will be educated 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. During the inspection, Resident #1 had not signed the contract which included education on a resident's right to question or refuse medication if the resident believes that there may be a medication error. No medication errors occurred. Resident #1 was unsure of why the resident did not sign contract at the time of admission or why Resident #1 was not informed of Resident #1's right to question or refuse medication if Resident #1 suspected an error due to admission process being completed by the home's prior administrator. Our home's admission contract includes review of the resident rights, by signing the contract the resident, administrator, and designee are agreeing that the resident's rights were reviewed at the time of admission. On 04/21/2023 this administrator spoke to Resident #1 and reviewed contract including resident rights. The resident verbalized understanding of Resident #1's rights and signed the contract. This administrator also signed the contract and gave a copy of the entire contract to the resident. All contracts in the home were reviewed for compliance by 4/29/22 that all signatures were present, including the resident's signature, to ensure each resident was educated on their right to question or refuse a medication if they believe an error has occurred. To prevent reoccurrence, the new administrator will ensure all new admission contracts are signed and dated by the administrator, resident, and POA/designee on all future admissions. A designated staff member will review the new contract and verify that all signatures are present before placing the new admission contract into the resident's chart, and notify the administrator of any missing signatures, which will be obtained immediately.

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