

Department of Human Services
Bureau of Human Service Licensing

June 30, 2022

[REDACTED], ADMINISTRATOR

RE: ALLEGRIA AT THE OAKS
6400 HULMEVILLE ROAD
BENSALEM, PA, 19020
LICENSE/COC#: 14367

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/18/2022, 04/19/2022 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 - PUBLIC

Facility Information

Name: ALLEGRIA AT THE OAKS License #: 14367 License Expiration: 05/29/2023
Address: 6400 HULMEVILLE ROAD, BENSALEM, PA 19020
County: BUCKS Region: SOUTHEAST

Administrator

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

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: I-1 Date: 10/18/2018 Issued By: Bensalem Township

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 128 Waking Staff: 96

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal Exit Conference Date: 04/19/2022

Inspection Dates and Department Representative

04/18/2022 - On-Site: [REDACTED]
04/19/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 95 Residents Served: 77

Secured Dementia Care Unit

In Home: Yes Area: Memory Care Capacity: 36 Residents Served: 35

Hospice

Current Residents: 5

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 77
Diagnosed with Mental Illness: 20 Diagnosed with Intellectual Disability: 1
Have Mobility Need: 51 Have Physical Disability: 0

Inspections / Reviews

04/18/2022 - Full

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

Inspections / Reviews (*continued*)

06/24/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *06/29/2022*

06/27/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *06/30/2022*

06/30/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

28e - Death of a Resident

1. Requirements

2600.

28.e. In the event of a death of a resident under 60 years of age, the administrator shall refund the remainder of previously paid charges to the resident’s estate within 30 days from the date the room is cleared of the resident’s personal property. In the event of a death of a resident 60 years of age and older, the home shall provide a refund in accordance with the Elder Care Payment Restitution Act (35 P. S. § § 10226.101—10226.107). The home shall keep documentation of the refund in the resident’s record.

Description of Violation

Resident 1 passed away on [redacted]. Resident 1’s personal belongings were removed from [redacted] room on [redacted] however, the check was issued on [redacted].

Resident 2 passed away on [redacted]. Resident 2’s personal belongings were removed from [redacted] room on [redacted] however, the check was issued on [redacted].

Resident 3 passed away on [redacted]. Resident 3’s personal belongings were removed from [redacted] room on [redacted]; however, the check was issued on [redacted].

Plan of Correction

Accept

Refund checks are issued at the corporate office. The refunds in question were delayed since the checks were made out to the decedent and could not be cashed, so they needed to be voided and re-issued. And no copies were kept of the original checks.

Going forward, the Director of Administrative Services will request the refund via email, ensuring that the correct name is indicated. The controller at the corporate office will cut the checks upon request and will send them to the Director of Administrative Services, who will retain a copy and mail the check to the proper recipient. It is the Director of Administrative Services’ responsibility to track the checks and insure timeliness.

Completion Date: 04/19/2022

Document Submission

Implemented

Refund checks are issued at the corporate office. The refunds in question were delayed since the checks were made out to the decedent and could not be cashed, so they needed to be voided and re-issued. And no copies were kept of the original checks.

Going forward, the Director of Administrative Services will request the refund via email, ensuring that the correct name is indicated. The controller at the corporate office will cut the checks upon request and will send them to the Director of Administrative Services, who will retain a copy and mail the check to the proper recipient. It is the Director of Administrative Services’ responsibility to track the checks and insure timeliness.

57d - Waking Hours

1. Requirements

2600.

57.d. At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.

57d - Waking Hours (*continued*)**Description of Violation**

On 04/16/21, a total of 96 hours of direct care was required. However, only 84 of the required hours were provided during waking hours.

Plan of Correction**Accept**

This violation was discussed with [REDACTED], Supervisor. We were not actually in violation of the regulation. Rather, the Inspector was not provided with the correct information. The attached Daily Assignment sign in sheet indicates who actually was present. This indicates that during the day time hours there were 16 care givers/med techs: $16 \times 7.5 = 120$ daytime hours; and during the overnight hours there were 4 caregivers/med techs: $4 \times 7.5 + 30$ overnight. According to the inspector we needed 96 daytime and 24 overnight hours. In both cases we exceeded the required number of people/hours.

Care will be taken to supply the Inspector with the proper documentation.

Completion Date: 05/21/2022

Document Submission**Implemented**

This violation was discussed with [REDACTED], Supervisor. We were not actually in violation of the regulation. Rather, the Inspector was not provided with the correct information. The attached Daily Assignment sign in sheet indicates who actually was present. This indicates that during the day time hours there were 16 care givers/med techs: $16 \times 7.5 = 120$ daytime hours; and during the overnight hours there were 4 caregivers/med techs: $4 \times 7.5 + 30$ overnight. According to the inspector we needed 96 daytime and 24 overnight hours. In both cases we exceeded the required number of people/hours.

Care will be taken to supply the Inspector with the proper documentation.

101j3 - Bed/Linens/Pillows/Blankets

1. Requirements

2600.

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

3. Pillows, bed linens and blankets that are clean and in good repair.

Description of Violation

On 04/18/2022, the bed sheets in bedroom 37 had a dark brown stain that looks like dirt. There is also a yellow stain on the bed sheets that appears to be a urine stain.

On 04/18/2022, there are no blankets for any of the beds in bedroom #4.

Plan of Correction**Accept**

In regard to the stained sheet, the staff member involved was told immediately about the need to insure that each resident has clean bed linens. In regard to the rooms without blankets, their blankets were in the wash that day. These blankets were their own personal property.

Going forward, the Personal Care Coordinator will instruct all personal care staff regarding the need to check for soiled sheets and change them when needed. Additionally, the personal care staff will be instructed by the Personal Care Coordinator to place extra blankets in the room while their own blankets are being washed. This in-service

101j3 - Bed/Linens/Pillows/Blankets (continued)

will completed by June 17, 2022.

Completion Date: 06/17/2022

Document Submission**Implemented**

In regard to the stained sheet, the staff member involved was told immediately about the need to insure that each resident has clean bed linens. In regard to the rooms without blankets, their blankets were in the wash that day. These blankets were their own personal property.

Going forward, the Personal Care Coordinator will instruct all personal care staff regarding the need to check for soiled sheets and change them when needed. Additionally, the personal care staff will be instructed by the Personal Care Coordinator to place extra blankets in the room while their own blankets are being washed. This in-service will completed by June 17, 2022.

103i - Outdated Food**1. Requirements**

2600.

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

Description of Violation

On 04/18/2022, a dented can of Northwest Sliced Pears in extra light syrup, net 6 LB, 9 oz., was observed in the daily use food storage.

On 04/18/2022, a dented can of Full Red Marinara Sauce, net 6 LB, 9 oz., was observed in the daily use food storage.

Plan of Correction**Accept**

The dented cans were removed immediately by the Culinary Director.

Going forward, the Culinary Director/designee will inspect the cans for dents upon delivery. He/she will make a note on the Dented Can Inspection Sheet, and remove the dented cans, seeing to it that they are being returned.

Completion Date: 04/19/2022

Document Submission**Implemented**

The dented cans were removed immediately by the Culinary Director.

Going forward, the Culinary Director/designee will inspect the cans for dents upon delivery. He/she will make a note on the Dented Can Inspection Sheet, and remove the dented cans, seeing to it that they are being returned.

105g - Lint Removal and Duct Cleaning**1. Requirements**

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 04/18/2022, there was a large accumulation of lint in the lint trap of the commercial dryer. There were no clothes in the dryer at the time.

105g - Lint Removal and Duct Cleaning (continued)

Plan of Correction

Accept

The lint discovered was removed immediately and the laundry worker was immediately instructed about the proper way to remove the lint in the commercial dryer.

Going forward, all staff using the smaller dryers and the commercial dryers will continue to remove the lint after each use. The Director of Housekeeping/designee will monitor daily to insure compliance. The Director of Maintenance/designee will conduct preventive maintenance on all dryers weekly and will record the accomplishment of the maintenance on the attached sheet.

Completion Date: 04/20/2022

Document Submission

Implemented

The lint discovered was removed immediately and the laundry worker was immediately instructed about the proper way to remove the lint in the commercial dryer.

Going forward, all staff using the smaller dryers and the commercial dryers will continue to remove the lint after each use. The Director of Housekeeping/designee will monitor daily to insure compliance. The Director of Maintenance/designee will conduct preventive maintenance on all dryers weekly and will record the accomplishment of the maintenance on the attached sheet.

132b - Safety Inspection/Fire Drill

1. Requirements

2600.

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

Description of Violation

The home hasn't had a fire safety inspection since 2019.

Plan of Correction

Accept

This violation was discussed with [REDACTED], Supervisor. We were not actually in violation of the regulation, since we had had the fire safety inspection in 2020 and 2021, conducted by the [REDACTED] Fire Department. Rather the inspector was not provided with the appropriate documentation. See attached documentation. Care will be taken going forward to provide the proper documentation.

Completion Date: 04/20/2022

Document Submission

Implemented

This violation was discussed with [REDACTED], Supervisor. We were not actually in violation of the regulation, since we had had the fire safety inspection in 2020 and 2021, conducted by the [REDACTED] Fire Department. Rather the inspector was not provided with the appropriate documentation. See attached documentation. Care will be taken going forward to provide the proper documentation.

132f - Alternate Exit Routes

1. Requirements

2600.

132.f. Alternate exit routes shall be used during fire drills.

132f - Alternate Exit Routes (*continued*)**Description of Violation**

The 2nd floor ground level, first floor ground level, and lower ground level were the only exit routes used during the fire drills held on 11/18/2021, 12/22/21, 1/25/22, 2/22/22 and 03/31/2022.

Plan of Correction**Accept**

Fire exits will be alternated every other month.

On the Summit:

Month 1: Use the main exit

Month 2: Use a combination of main exit for wheelchair/walker users; and for residents who can do the stairs, use exit on the south stairwell.

On the Grove:

Month 1: Use the exit, passing the ADON's office.

Month 2: Use the exit, out of the dining room.

On the Terrace:

Month 1: Use the exit through the common area.

Month 2: Have everyone remain in the fire safe area.

Additionally, we have applied for a waiver in this regard, and we are awaiting a reply.

Should a waiver be granted, staff will be regularly in-serviced on techniques of evacuation for those whocannot walk, but must use the stairs in the event of a real fire.

Completion Date: 09/01/2022

Document Submission**Implemented**

Fire exits will be alternated every other month.

On the Summit:

Month 1: Use the main exit

Month 2: Use a combination of main exit for wheelchair/walker users; and for residents who can do the stairs, use exit on the south stairwell.

On the Grove:

Month 1: Use the exit, passing the ADON's office.

Month 2: Use the exit, out of the dining room.

On the Terrace:

Month 1: Use the exit through the common area.

Month 2: Have everyone remain in the fire safe area.

Additionally, we have applied for a waiver in this regard, and we are awaiting a reply.

Should a waiver be granted, staff will be regularly in-serviced on techniques of evacuation for those whocannot walk, but must use the stairs in the event of a real fire.

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

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

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

Description of Violation

Resident 4's medical evaluation did not include the medication list regimen, strength, dose, frequency, or purpose.

Plan of Correction

Accept

The medication list regimen was actually included under the "Physician Order" tab.

Chart readiness and the required order was reviewed immediately with the medical receptionist and the ADON. The DON/designee is responsible for on-going compliance and will review the charts monthly.

Completion Date: 04/20/2022

Document Submission

Implemented

The medication list regimen was actually included under the "Physician Order" tab.

Chart readiness and the required order was reviewed immediately with the medical receptionist and the ADON. The DON/designee is responsible for on-going compliance and will review the charts monthly.

162c - Menus Posted

1. 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

The menu for the week of April 17, 2022 to April 23, 2022 was not posted at the residence. The menu posted said "week four," but it didn't say which month. The menu posted on the bulletin board was at least six feet tall, making it difficult to read. The menu, which is supposed to be posted one week in advance, was also missing.

Plan of Correction

Accept

The menus for the current week were posted, but the dates were not appropriately indicated, instead it only indicated Week 3. And the posted menus were too high for the average person to read.

The Culinary Director immediately ordered a new display and it was hung at a lower level.

Going forward, the Culinary Director/designee will insure that the current menu and the one for the next week are posted in this new place, and it will be adjusted weekly by the Culinary Director/designee.

Completion Date: 04/20/2022

162c - Menus Posted (*continued*)**Document Submission****Implemented**

The menus for the current week were posted, but the dates were not appropriately indicated, instead it only indicated Week 3. And the posted menus were too high for the average person to read.

The Culinary Director immediately ordered a new display and it was hung at a lower level.

Going forward, the Culinary Director/designee will insure that the current menu and the one for the next week are posted in this new place, and it will be adjusted weekly by the Culinary Director/designee.

183e - Storing Medications

1. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 04/18/2022, [REDACTED] tablets belonging to resident 4 were in a blister card. The rear of the blister card had tape covering the torn foil of two pills.

On 04/18/2022, [REDACTED] tablets belonging to resident 5 were in a blister card. The rear of the blister card had tape covering the torn foil of two pills.

Plan of Correction**Accept**

Upon finding the blister packs that were taped to avoid loose medications, the medications were wasted immediately with a witness present.

To prevent this from recurring, the nursing staff/med techs were re-educated immediately about wasting medications (with a witness, if it is a narcotic), if the blister foil is torn. Medications are not to be taped to maintain integrity. Additionally, the nursing staff was re-educated that they should insure that the med cart is not packed too tightly with blister cards to avoid the foil from tearing. The med carts will be audited monthly by the DON/designee.

Completion Date: 04/20/2022

Document Submission**Implemented**

Upon finding the blister packs that were taped to avoid loose medications, the medications were wasted immediately with a witness present.

To prevent this from recurring, the nursing staff/med techs were re-educated immediately about wasting medications (with a witness, if it is a narcotic), if the blister foil is torn. Medications are not to be taped to maintain integrity. Additionally, the nursing staff was re-educated that they should insure that the med cart is not packed too tightly with blister cards to avoid the foil from tearing. The med carts will be audited monthly by the DON/designee.

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

On 04/18/2022, there were two loose pills in each of the first and second drawers of the Terrace/South Summit medication cart.

On 04/18/2022, there were no readings on any of the glucometers for residents #6, #7, and #8.

Plan of Correction

Accept

The loose pills were removed immediately from the cart.

To prevent this from recurring, the LPN's/med techs were re-educated to check the cart at the end of each shift to clean and remove any loose pills found in the cart. They were instructed also to insure that the med carts have enough space for the blister cards to prevent them from tearing.

Residents' 6,7,8 blood sugar readings were added to the EMAR.

The LPN's/med techs were re-educated on the process of insuring that the blood sugars are taken using the resident's own glucometer. The ADON is to complete glucometer audits weekly and maintain staff training on the use of the glucometers and the proper documentation. The med carts will be audited monthly by the ADON.

Completion Date: 04/20/2022

Document Submission

Implemented

The loose pills were removed immediately from the cart.

To prevent this from recurring, the LPN's/med techs were re-educated to check the cart at the end of each shift to clean and remove any loose pills found in the cart. They were instructed also to insure that the med carts have enough space for the blister cards to prevent them from tearing.

Residents' 6,7,8 blood sugar readings were added to the EMAR.

The LPN's/med techs were re-educated on the process of insuring that the blood sugars are taken using the resident's own glucometer. The ADON is to complete glucometer audits weekly and maintain staff training on the use of the glucometers and the proper documentation. The med carts will be audited monthly by the ADON.

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:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.

187a - Medication Record *(continued)*

- 8. Frequency of administration.
- 9. Administration times.
- 10. Duration of therapy, if applicable.
- 11. Special precautions, if applicable.
- 12. Diagnosis or purpose for the medication, including pro re nata (PRN).
- 13. Date and time of medication administration.
- 14. Name and initials of the staff person administering the medication.

Description of Violation

Resident 6 is prescribed [REDACTED]
 [REDACTED] However, resident's medication administration record does not indicate diagnosis or purpose for the medication.

Resident 7 is prescribed [REDACTED]
 [REDACTED]
 However, resident's medication administration record does not indicate diagnosis or purpose for the medication.

Resident 8 is prescribed [REDACTED]
 test strips, [REDACTED]
 [REDACTED] However, resident's medication administration record does not indicate diagnosis or purpose for the medication.

Plan of Correction

Accept

Resident 6 diagnoses immediataely added to EMAR for the use of [REDACTED]
 [REDACTED] added to EMAR; resident 8 diagnoses immeidately added to the EMAR for the use of [REDACTED]
 [REDACTED]

To prevent this from recurring the LPN's were re-educated on insuring that the diagnoses are included in the EMAR when verifying the medication process in the EMAR. ADON/DON will complete monthly audits of the EMAR to insure compliance.

Completion Date: 04/20/2022

Document Submission

Implemented

Resident 6 diaqnoses immediataely added to EMAR for the use of [REDACTED]
 [REDACTED]
 [REDACTED]

To prevent this from recurring the LPN's were re-educated on insuring that the diagnoses are included in the EMAR when verifying the medication process in the EMAR. ADON/DON will complete monthly audits of the EMAR to insure compliance.

187b - Date/Time of Medication Admin.

1. Requirements

- 2600.
- 187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

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

Description of Violation

Resident 6 is prescribed [REDACTED]. Resident 6's medication administration record does not include the initials of the staff person who administered it on 04/02/2022, 04/08/2022 and 04/16/2022 at 8:00 a.m. On the medication administration record there are no refusal notes or comments.

Resident 6 is prescribed [REDACTED]. Resident 6's medication administration record does not include the initials of the staff person who administered it on 04/02/2022 and 04/08/2022 at 8:00 am. On the medication administration record there are no refusal notes or comments.

Resident 6 is prescribed [REDACTED]. Resident 6's medication administration record does not include the initials of the staff person who administered it on 04/07/2022 at 8:00 a.m. On the medication administration record there are no refusal notes or comments.

Resident 6 is prescribed [REDACTED]. Resident 6's medication administration record does not include the initials of the staff person who administered it on 04/07/2022 at 12:00 pm. On the medication administration record there are no refusal notes or comments.

Resident 6 is prescribed [REDACTED] tablet 10 mg. Resident 6's medication administration record does not include the initials of the staff person who administered it on 04/07/2022 at 2:00 pm. On the medication administration record there are no refusal notes or comments.

Resident 8 is prescribed [REDACTED]. Resident 8's medication administration record does not include the initials of the staff person who administered it on 04/07/2022 at 8:00 pm. On the medication administration record there are no refusal notes or comments.

Plan of Correction**Accept**

Residents 6 and 8's medication administration or refusal was not documented on 4/2/2022, 4/7/2022, 4/8/2022 and 4/16/2022. The medications were administered, but the staff member did not check to insure that the medications were signed out. A late entry note was documented for the administration of the meds.

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

The LPN's /med tech's were re-educated on the documentation and checking of the EMAR for accuracy and documentation prior to the end of the med pass.

Completion Date: 04/20/2022

Document Submission**Implemented**

Residents 6 and 8's medication administration or refusal was not documented on 4/2/2022, 4/7/2022, 4/8/2022 and 4/16/2022. The medications were administered, but the staff member did not check to insure that the medications were signed out. A late entry note was documented for the administration of the meds.

The LPN's /med tech's were re-educated on the documentation and checking of the EMAR for accuracy and documentation prior to the end of the med pass.

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

Resident 6 is prescribed

and 0 units were administered. On April 17, 2022, the resident's blood sugar was at 11:30 am and 0 units were administered. On 04/15/2022, the resident's blood sugar was at 4:30 pm and 0 units were administered. At 7:30 a.m. on April 14, 2022, the resident's blood sugar was 163 and 0 units were administered.

Plan of Correction**Accept**

Resident 6's order was not followed as ordered on 4/17/2022 and 4/18/2022 following the accucheck. The time was changed for 4:30 am accucheck due to the resident not having breakfast until 4 hours later.

To prevent recurrence, the LPN's/med techs were re-educated on insuring that the medications are administered per order/parameters. If the meds are not administered per order the LPN/med tech must notify the resident's physician and POA, and then document the event in the resident notes.

Completion Date: 04/20/2022

Document Submission**Implemented**

Resident 6's order was not followed as ordered on 4/17/2022 and 4/18/2022 following the accucheck. The time was changed for 4:30 am accucheck due to the resident not having breakfast until 4 hours later.

To prevent recurrence, the LPN's/med techs were re-educated on insuring that the medications are administered per order/parameters. If the meds are not administered per order the LPN/med tech must notify the resident's physician and POA, and then document the event in the resident notes.

227d - Support Plan Medical/Dental

1. Requirements

2600.

227d - Support Plan Medical/Dental (*continued*)

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

The assessment for resident 4, dated [REDACTED], indicates the resident has a need for a mechanical soft diet, bite-sized food, and thin liquids. The resident's support plan, dated 10/14/2021, has not been updated and does not document how this need will be met.

Resident 9, has a doctor's order dated [REDACTED] that indicates the need for a puree diet. The resident's support plan, dated February 10, 2022, has not been updated and does not document how this need will be met.

Resident 10, has a doctor's order dated [REDACTED], that indicates the need for chopped meat and a soft diet. The resident's support plan, dated [REDACTED] has not been updated and does not document how this need will be met.

Plan of Correction**Accept**

Resident 4 [REDACTED], 9 [REDACTED] and 10 [REDACTED] RASP and DME'a were not updated with diet changes. These were updated immediately.

Going forward, the LPN is to insure that the Culinary department is notified of any and all diet changes. The changes are to be reflected on the RASP and the DME with initials and the date. All changes are to be noted in the 24 hr. report and accompanied by a note in the resident EMAR. ADON/DON are responsible to follow up and insure that the changes are reflected, and will monitor on a weekly basis. The process and the changes noted will be reviewed quarterly forwarded to the Quality Assurance Committee to monitor for effectiveness.

Completion Date: 04/20/2022

Document Submission**Implemented**

Resident 4 [REDACTED], 9 [REDACTED] and 10 [REDACTED] RASP and DME'a were not updated with diet changes. These were updated immediately.

Going forward, the LPN is to insure that the Culinary department is notified of any and all diet changes. The changes are to be reflected on the RASP and the DME with initials and the date. All changes are to be noted in the 24 hr. report and accompanied by a note in the resident EMAR. ADON/DON are responsible to follow up and insure that the changes are reflected, and will monitor on a weekly basis. The process and the changes noted will be reviewed quarterly forwarded to the Quality Assurance Committee to monitor for effectiveness.

252 - Record Content

1. Requirements

2600.

252 - Record Content (*continued*)

252. Content of Resident Records - Each resident's record must include the following information:
1. Name, gender, admission date, birth date and Social Security number.
 2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
 3. A photograph of the resident that is no more than 2 years old.
 4. Language or means of communication spoken or used by the resident.
 5. The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.
 6. The name, address and telephone number of the resident's physician or source of health care.
 7. The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms.
 8. A list of prescribed medications, OTC medications and CAM.
 9. Dietary restrictions.
 10. A record of incident reports for the individual resident.
 11. A list of allergies.
 12. The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies.
 13. The preadmission screening, initial intake assessment and the most current version of the annual assessment.
 14. A support plan.
 15. Applicable court order, if any.
 16. The resident's medical insurance information.
 17. The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity.
 18. An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated.
 19. An inventory of the resident's property entrusted to the administrator for safekeeping.
 20. The financial records of residents receiving assistance with financial management.
 21. The reason for termination of services or transfer of the resident, the date of transfer and the destination.
 22. Copies of transfer and discharge summaries from hospitals, if available.
 23. If the resident dies in the home, a copy of the official death certificate.
 24. Signed notification of rights, grievance procedures and applicable consent to treatment protections specified in § 2600.41 (relating to notification of rights and complaint procedures).
 25. A copy of the resident-home contract.
 26. A termination notice, if any.

Description of Violation

Resident 4's record does not include the color of hair, color of eyes, or dietary restrictions.

Resident 9's record does not include height, color of hair, color of eyes, race, and dietary restrictions.

Resident 10, 11, and 12 records do not include height, color of hair, and color of eyes.

Resident 13's record does not include height, weight, color of hair, color of eyes, and dietary restrictions.

Resident 14 record does not include color of hair or color of eyes.

252 - Record Content (continued)

Plan of Correction**Accept**

It is the responsibility of the medical receptionist to insure that the resident records are completed fully and in a timely manner.

Going forward, the medical receptionist will be re-trained to be able to review the chart for completion. The DON is responsible for this training as well as monitoring that charts are completed accurately and in a timely manner. The DON/designee will audit charts on a quarterly basis to maintain chart compliance. The audit findings will be reported to the Quality Assurance Committee quarterly.

Completion Date: 06/17/2022

Document Submission**Implemented**

It is the responsibility of the medical receptionist to insure that the resident records are completed fully and in a timely manner.

Going forward, the medical receptionist will be re-trained to be able to review the chart for completion. The DON is responsible for this training as well as monitoring that charts are completed accurately and in a timely manner. The DON/designee will audit charts on a quarterly basis to maintain chart compliance. The audit findings will be reported to the Quality Assurance Committee quarterly.

224a - Preadmission Screen Form

1. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

The preadmission screening form for resident 9 dated [REDACTED] does not include a determination that the resident's needs can be met by the services provided by the home.

Repeated violation: 03/01/2021

Plan of Correction**Accept**

The preadmission screening form for resident 9 (3/7/2021) was corrected immediately and dated.

Going forward, the medical receptionist will be re-educated to insure that the preadmission screenings are completed and the determination that the resident's needs can be met is documented. The DON/designee is responsible for this re-education, as well as monitoring that the determination is documented in a timely manner. The DON/designee will audit the charts on a quarterly basis and report findings to the Quality Assurance Committee.

Completion Date: 06/17/2022

Document Submission**Implemented**

The preadmission screening form for resident 9 (3/7/2021) was corrected immediately and dated.

Going forward, the medical receptionist will be re-educated to insure that the preadmission screenings are completed and the determination that the resident's needs can be met is documented. The DON/designee is responsible for this re-education, as well as monitoring that the determination is documented in a timely manner. The DON/designee will audit the charts on a quarterly basis and report findings to the Quality Assurance Committee.

224a - Preadmission Screen Form (continued)