Department of Human Services
Bureau of Human Service Licensing

June 30, 2022

[redacted], MANAGING MEMBER
[redacted]

RE: LEGEND PERSONAL CARE AND
MEMORY CARE OF LANCASTER
31 MILLERSVILLE ROAD
LANCASTER, PA, 17603
LICENSE/COC#: 33306

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/03/2022, 05/04/2022 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: *LEGEND PERSONAL CARE AND MEMORY CARE OF LANCASTER* **License #**: *33306* **License Expiration**: *01/09/2023*

Address: *31 MILLERSVILLE ROAD, LANCASTER, PA 17603*

County: *LANCASTER* **Region**: *CENTRAL*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *LANCASTER PCH LLC*

Address: *31 MILLERSVILLE ROAD, LANCASTER, PA, 17603*

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *I-1* **Date**: *12/19/2006* **Issued By**: *Manor Township*

Type: *I-2* **Date**: *12/19/2006* **Issued By**: *Manor Township*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *85* **Waking Staff**: *64*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**: *0*

Reason: *Renewal, Complaint, Incident* **Exit Conference Date**: *05/04/2022*

Inspection Dates and Department Representative

05/03/2022 - On-Site: [redacted]

05/04/2022 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *100* **Residents Served**: *56*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Reflections* **Capacity**: *40* **Residents Served**: *20*

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *56*

Diagnosed with Mental Illness: *4*

Diagnosed with Intellectual Disability: *2*

Have Mobility Need: *29*

Have Physical Disability: *5*

Inspections / Reviews

05/03/2022 - Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *05/28/2022*

06/06/2022 - POC Submission

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *06/13/2022*

06/16/2022 - 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*

52 - Hiring Staff

1. Requirements

2600.
52. Staff Hiring, Retention and Utilization - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults) and other applicable regulations.

Description of Violation

Staff member A was hired on [redacted]; however, the PA criminal history background check was not completed until [redacted]

Plan of Correction ***Accept***

The immediate plan was to run the criminal background checks on all staff that didn't have one. The CSA and RD did file audits to see if any other staff didn't have a criminal check.
The CSA is responsible for completing this task.
The criminal background is done at the time the job is offered. This will ensure this isn't missed.
Change will be made by: Doing criminal checks before the staff have 1st Day orientation. This was implemented to stop violation from happening again. This will be done by CSA every time we have a new staff.
Completion started 5/5/2022 and ongoing
Audit dates 5/8-5/9-2022

Completion Date: *05/09/2022*

Document Submission ***Implemented***

The immediate plan was to run the criminal background checks on all staff that didn't have one. The CSA and RD did file audits to see if any other staff didn't have a criminal check.
The CSA is responsible for completing this task.
The criminal background is done at the time the job is offered. This will ensure this isn't missed.
Change will be made by: Doing criminal checks before the staff have 1st Day orientation. This was implemented to stop violation from happening again. This will be done by CSA every time we have a new staff.
Completion started 5/5/2022 and ongoing
Audit dates 5/8-5/9-2022
I just sent you Audit!

54a - Direct Care Staff

1. Requirements

2600.
54.a. Direct care staff persons shall have the following qualifications:
2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct Care Staff Person B, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction ***Accept***

Direct care staff person did have a high School Diploma it just wasn't in the chart. The RD requested the Diploma and staff person B brought it in 5/5/2022. The RD and CSA did an audit to ensure all direct care staff have High School Diploma, GED and or Current Nurse Aide Registry.
The change that has been made is all new hires prior to start date must bring in the High School Diploma, GED

54a - Direct Care Staff (continued)

and or Current Nurse Aide Registry. The responsibility is of the RD when giving the new staff offer letter. This was implemented to ensure compliance with this regulation.
Completed 5/5/2022/ ongoing
Diploma and GED and CNA are due before they start for tracking completed 5/9- 5/10 2022

Completion Date: *05/09/2022*

Document Submission ***Implemented***

Direct care staff person did have a high School Diploma it just wasn't in the chart. The RD requested the Diploma and staff person B brought it in [redacted]. The RD and CSA did an audit to ensure all direct care staff have High School Diploma, GED and or Current Nurse Aide Registry.
The change that has been made is all new hires prior to start date must bring in the High School Diploma, GED and or Current Nurse Aide Registry. The responsibility is of the RD when giving the new staff offer letter. This was implemented to ensure compliance with this regulation.
Completed 5/5/2022/ ongoing
Diploma and GED and CNA are due before they start for tracking completed 5/9- 5/10 2022
I just sent you Audit!

63a - First Aid/CPR Training

1. Requirements

2600.
63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On 04/16/22, from 12 am to 11:59 pm, 56 residents were present in the home. During this time, two staff persons were not present in the home who were certified in CPR/FA.

On 04/21/22, from 12 am to 9 am and 4 pm to 11:59 pm, 56 residents were present in the home. During this time, two staff persons were not present in the home who were certified in CPR/FA.

On 04/24/22, from 12 am to 6 am and 7:3 0pm to 11:59 pm, 56 residents were present in the home. During this time, two staff persons were not present in the home who were certified in CPR/FA.

Plan of Correction ***Accept***

Right after violation occurred the RD scheduled a CPR/First Aid class for 5/20/2022. All staff attended: Direct Care staff, Dining Service, Housekeeping and Activities. All new staff we request this certification upon hire by the RD and if they don't have this document they need to schedule a class. We will have ongoing recertification classes for all current staff.
Completed 5/20/2022/ ongoing
All Staff need to have CPR and First Aid/ Legend will hold renewal classes

Completion Date: *05/20/2022*

63a - First Aid/CPR Training *(continued)*

Document Submission ***Implemented***

Right after violation occurred the RD scheduled a CPR/First Aid class for 5/20/2022. All staff attended: Direct Care staff, Dining Service, Housekeeping and Activities. All new staff we request this certification upon hire by the RD and if they don't have this document they need to schedule a class. We will have ongoing recertification classes for all current staff.

Completed 5/20/2022/ ongoing

All Staff need to have CPR and First Aid/ Legend will hold renewal classes

i just sent you Audit!

65a - FS Orientation 1st Day

1. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff Person A, whose first day of work was [redacted] and Staff Person C, whose first day of work was [redacted], did not receive orientation on the following topics:

- Evacuation procedures.

- Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.

- The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.

- Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.

- The location and use of fire extinguishers.

- Smoke detectors and fire alarms.

- Telephone use and notification of emergency services.

Plan of Correction ***Accept***

Upon the violation 5/5/2022 staff person A and C went over First Day Orientation. All new staff have 1st day orientation before being assigned a shift it is part of the hiring process. This will ensure full complacence of this regulation. The RD and Maintenance are responsible for 1st day orientation and the documentation.

Completed 5/5/2022/ ongoing

RD went over the orientation with staff A and C going forward orientation will be done the first day

65a - FS Orientation 1st Day (continued)

Completion Date: *05/05/2022*

Document Submission ***Implemented***

Upon the violation 5/5/2022 staff person A and C went over First Day Orientation. All new staff have 1st day orientation before being assigned a shift it is part of the hiring process. This will ensure full complacence of this regulation. The RD and Maintenance are responsible for 1st day orientation and the documentation.
Completed 5/5/2022/ ongoing
I just sent you Audit!
RD went over the orientation with staff A and C going forward orientation will be done the first day

65b - Rights/Abuse 40 Hours

1. Requirements

2600.
65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:
1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

Description of Violation

Staff Person A completed his/her 40th scheduled work hours. However, this staff person has not completed training in the following topics:
- Resident rights.
- Emergency medical plan.
- Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
- Reporting of reportable incidents and conditions.

Plan of Correction ***Accept***

All staff must have this within 40 hours of training. Staff person A was given this training on 5/5/2022. Documentation of the first 40 hours start on first day of orientation RD and CSA will complete this training for all new staff. This is part of our new staff orientation. This will happen every time a new staff is hired.
Completed 5/5/2022/ ongoing
we have a tool called an ID guide that we can mark when training is provided every time someone is hired first day first 40 hours

Completion Date: *05/05/2022*

65b - Rights/Abuse 40 Hours *(continued)*

Document Submission ***Implemented***

All staff must have this within 40 hours of training. Staff person A was given this training on 5/5/2022.
Documentation of the first 40 hours start on first day of orientation RD and CSA will complete this training for all new staff. This is part of our new staff orientation. This will happen every time a new staff is hired.
Completed 5/5/2022/ ongoing
we have a tool called an ID guide that we can mark when training is provided every time someone is hired first day first 40 hours
I just sent Audit!

65d - Initial Direct Care Training

1. Requirements

2600.
65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct Care Staff Person C, hired on [redacted], began providing unsupervised ADL services on [redacted]. However, the staff person did not complete and pass the Department-approved direct care training course and pass the competency test.

Plan of Correction ***Accept***

Staff person C completed the Direct Care Competence test or training on 5/5/2022
This is now part of hiring of all direct care staff. They must provide the document prior to start date to ensure compliance. The RD will oversee this part of hiring. The RD will direct all new hires where to get the training and competence test on the department web site.
All staff must have this before they are hired if they are working as a PCA
Completed on 5/10/2022/ ongoing

Completion Date: *05/10/2022*

Document Submission ***Implemented***

Staff person C completed the Direct Care Competence test or training on 5/5/2022
This is now part of hiring of all direct care staff. They must provide the document prior to start date to ensure compliance. The RD will oversee this part of hiring. The RD will direct all new hires where to get the training and competence test on the department web site.
All staff must have this before they are hired if they are working as a PCA
Completed on 5/10/2022/ ongoing
I just sent you Audit!

65d - Initial Direct Care Training (continued)

85d - Trash Receptacles

1. Requirements

2600.
85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 05/04/22, there were three full, uncovered, unattended trash cans in the kitchen.

Plan of Correction ***Accept***

All trash cans in kitchen and bathrooms must be covered at all times. On 5/4/2022 in the kitchen 3 trash cans didn't have lids on them. Lids were put on trash cans 5/4/2022 in the kitchen. The RD went through the kitchen and bathrooms to make sure all trash cans had lids on them and if they didn't we replaced them with lids. RD will do a weekly walk through the building and check to ensure that all trash cans have lids in bathrooms and kitchen so this doesn't happen again.
Completed 5/4/2022/ ongoing

Completion Date: *05/31/2022*

Document Submission ***Implemented***

All trash cans in kitchen and bathrooms must be covered at all times. On 5/4/2022 in the kitchen 3 trash cans didn't have lids on them. Lids were put on trash cans 5/4/2022 in the kitchen. The RD went through the kitchen and bathrooms to make sure all trash cans had lids on them and if they didn't we replaced them with lids. RD will do a weekly walk through the building and check to ensure that all trash cans have lids in bathrooms and kitchen so this doesn't happen again.
Completed 5/4/2022/ ongoing
I just sent you Audit!

91 - Telephone Numbers

1. Requirements

2600.
91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephones in the library or Rooms 106 and 134.

Plan of Correction ***Accept***

The library and rooms 106 and 134 had no emergency phone numbers on them. On 5/4/2022 the CSA made tags for these phones with the emergency numbers on them and they were placed on the phones. The CSA and RD went throughout the building and put these tags on every phone with an outside line. In the future any resident requesting an outside line moving in will have their phone with a tag on it as part of the move in process.
Completed 5/4/2022/ ongoing

Completion Date: *05/31/2022*

91 - Telephone Numbers *(continued)*

Document Submission ***Implemented***

The library and rooms 106 and 134 had no emergency phone numbers on them. On 5/4/2022 the CSA made tags for these phones with the emergency numbers on them and they were placed on the phones. The CSA and RD went throughout the building and put these tags on every phone with an outside line. In the future any resident requesting an outside line moving in will have their phone with a tag on it as part of the move in process.
Completed 5/4/2022/ ongoing
most residents have cell phones if they request a land line then we put tag on them all land lines have been already tagged.

96a - First Aid Kit

1. Requirements

2600.
96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The first aid kits in the Nurses' office do not contain tweezers and thermometers.

Plan of Correction ***Accept***

The first aid kit in the Wellness Center was missing Tweezers and Thermometer this was put in the kit on 5/6/2022. The RD printed out the regulation to tape on to the kit for quick reference on what is to be in it. We will do regular audits on the kit to ensure all items are in the kit.
Completed 5/6/2022/ ongoing
RD printing Regulation
Audits will be done monthly by HCD there will be a check list on the First aid box with list of supplies in the kit

Completion Date: *05/06/2022*

Document Submission ***Implemented***

The first aid kit in the Wellness Center was missing Tweezers and Thermometer this was put in the kit on 5/6/2022. The RD printed out the regulation to tape on to the kit for quick reference on what is to be in it. We will do regular audits on the kit to ensure all items are in the kit.
Completed 5/6/2022/ ongoing
RD printing Regulation
Audits will be done monthly by HCD there will be a check list on the First aid box with list of supplies in the kit
Audit Faxed!

101o - Walls, Floors, Ceilings

1. Requirements

2600.
101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

101o - Walls, Floors, Ceilings *(continued)*

Description of Violation

The carpet in the living area and bedroom of Resident 1's room had several coffee stains. The wall near the night table was stained with a brown liquid.

Plan of Correction ***Accept***

The carpet and wall in the apartment of resident 1 was cleaned by maintenance on 5/5/2022.
The RD and MD put together a check list for the apartments the covers all these areas. We have been working on going through each apartment to address these issues. Some apartments we had new carpet put in. Whenever an apartment is cleaned the RD does a walk through to oversee rooms being cleaned.
Completed 5/5/2022/ ongoing
The MD will use check list monthly to monitor the apartments that they are in good condition

Completion Date: *05/05/2022*

Document Submission ***Implemented***

The carpet and wall in the apartment of resident 1 was cleaned by maintenance on 5/5/2022.
The RD and MD put together a check list for the apartments the covers all these areas. We have been working on going through each apartment to address these issues. Some apartments we had new carpet put in. Whenever an apartment is cleaned the RD does a walk through to oversee rooms being cleaned.
Completed 5/5/2022/ ongoing
The MD will use check list monthly to monitor the apartments that they are in good condition
I Debra Enders will get room check list from MD and fax 6/30/2022.

103c - Food Protected

1. Requirements

2600.
103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

Description of Violation

On 05/04/22, there was an uncovered, 5 lb. bag of bread crumbs stored in the dry storage area.

Plan of Correction ***Accept***

On 5/4/2022 the chef put the bread crumbs in a sealed container. Chef then went through the kitchen to see if there was any more items not stored correctly. The chef has gone over with dining service how to seal food items and date them. The chef will do weekly audits to ensure all food items are put away correctly.
Completed 5/4/2022/ ongoing
Chef educated staff on 5/4/2022 on how to store food items [redacted] also put up signs showing how food is to be stored

Completion Date: *05/04/2022*

Document Submission ***Implemented***

On 5/4/2022 the chef put the bread crumbs in a sealed container. Chef then went through the kitchen to see if there was any more items not stored correctly. The chef has gone over with dining service how to seal food items and

103c - Food Protected (continued)

date them. The chef will do weekly audits to ensure all food items are put away correctly.
Completed 5/4/2022/ ongoing
Faxed in Audit!
Chef educated staff on 5/4/2022 on how to store food items [redacted] also put up signs showing how food is to be stored

103e - Left Overs

1. Requirements

2600.
103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

There were unlabeled, undated containers of cole slaw and spring mix in the walk-in refrigerator.

Plan of Correction ***Accept***

The unlabeled undated containers of cole slaw and spring mix we put in the trash 5/4/2022. Chef then went through the kitchen to see if there was any more items not stored correctly. The chef has gone over with dining service how to seal food items and date them. The chef will do weekly audits to ensure all food items are put away.
Completed 5/4/2022/ ongoing
Chef educated staff on 5/4/2022 on how to store food items [redacted] also put up signs showing how food is to be stored and dated

on 5/4/2022

Completion Date: *05/04/2022*

Document Submission ***Implemented***

The unlabeled undated containers of cole slaw and spring mix we put in the trash 5/4/2022. Chef then went through the kitchen to see if there was any more items not stored correctly. The chef has gone over with dining service how to seal food items and date them. The chef will do weekly audits to ensure all food items are put away.
Completed 5/4/2022/ ongoing
Chef educated staff on 5/4/2022 on how to store food items [redacted] also put up signs showing how food is to be stored and dated

103e - Left Overs (continued)

on 5/4/2022

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

The last dryer duct cleaning was completed in 10/2020.

Plan of Correction ***Accept***

The internal and external ducts are to be cleaned according to manufactures recommendation. The vents weren't cleaned since 10/2020. The maintenance director cleaned the vents on 5/5/2022. The maintenance director and housekeeping will clean the vents duct internal after each use. The external ducts will be cleaned every quarter by maintenance.
the staff was educated on 5/5/2022 MD is keeping documentation of cleaning and signs are posted about cleaning out vents and ducts
Completed 5/5/2022/ ongoing

Completion Date: *05/05/2022*

Document Submission ***Implemented***

The internal and external ducts are to be cleaned according to manufactures recommendation. The vents weren't cleaned since 10/2020. The maintenance director cleaned the vents on 5/5/2022. The maintenance director and housekeeping will clean the vents duct internal after each use. The external ducts will be cleaned every quarter by maintenance.
the staff was educated on 5/5/2022 MD is keeping documentation of cleaning and signs are posted about cleaning out vents and ducts
Completed 5/5/2022/ ongoing
Debra Enders will get From MD Duct cleaning sheet and fax 6/30/2022

130h - Inoperable Smoke Detector

1. Requirements

2600.
130.h. The home's emergency procedures shall indicate the procedures that will be immediately implemented until the smoke detector or fire alarms are operable.

130h - Inoperable Smoke Detector *(continued)*

Description of Violation

The home's emergency procedures do not indicate what procedures will be implemented when a smoke detector or fire alarm is inoperable.

Plan of Correction ***Accept***

The procedure for inoperable smoke detectors is: The interruption of service with the smoke detectors is all staff will do a fire walk around build every 15min till service is restored and or problem is fixed. All management staff will be responsible for supervising the fire walk with staff. This plan was put in to the emergency plan on 5/5/2022.
Completed 5/5/2022/ ongoing
staff have been given a copy of our inoperable smoke detector plan i have sent in a copy

Completion Date: *05/05/2022*

Document Submission ***Implemented***

The procedure for inoperable smoke detectors is: The interruption of service with the smoke detectors is all staff will do a fire walk around build every 15min till service is restored and or problem is fixed. All management staff will be responsible for supervising the fire walk with staff. This plan was put in to the emergency plan on 5/5/2022.
Completed 5/5/2022/ ongoing
staff have been given a copy of our inoperable smoke detector plan I have sent in a copy

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 05/04/22, one small, round loose pill was found in both Personal Care and Memory Care med carts.

Plan of Correction ***Accept***

The medication that was found in the bottom of PC cart and MC cart was destroyed by HCD on 5/4/2022. All LPNs and Med Techs must look over cart when they are finished with a med pass for any loose pills in the carts. The HCD and AHCD are responsible for training med staff how to pop open the packets that the meds are in so they don't fall out. HCD and AHCD also need to teach them to look over the cart
when they are done passing meds.
HCD will do a weekly audit and document audit

Completed 5/4/2022

Completion Date: *05/06/2022*

183e - Storing Medications *(continued)*

Document Submission ***Implemented***

The medication that was found in the bottom of PC cart and MC cart was destroyed by HCD on 5/4/2022. All LPNs and Med Techs must look over cart when they are finished with a med pass for any loose pills in the carts. The HCD and AHCD are responsible for training med staff how to pop open the packets that the meds are in so they don't fall out. HCD and AHCD also need to teach them to look over the cart
when they are done passing meds.
HCD will do a weekly audit and document audit

Completed 5/4/2022

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:
6. Dose.

Description of Violation

Resident 2 is prescribed [redacted]. However, the resident's medication administration record does not indicate the dosage of insulin given.

Plan of Correction ***Accept***

Resident 2 had a sliding scale insulin that in the record it wasn't documented how much insulin was given. On 5/4/2022 the AHCD made a sheet to be use for recording this information. Then the AHCD trained all medication staff on how to document. HCD will audit this document to ensure compliance.
Completed 5/4/2022/ ongoing
form made, weekly , HCD

Completion Date: *05/05/2022*

Document Submission ***Implemented***

Resident 2 had a sliding scale insulin that in the record it wasn't documented how much insulin was given. On 5/4/2022 the AHCD made a sheet to be use for recording this information. Then the AHCD trained all medication staff on how to document. HCD will audit this document to ensure compliance.
Completed 5/4/2022/ ongoing
form made, weekly , HCD

187b - Date/Time of Medication Admin.

1. Requirements

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

Description of Violation

Resident 1, is prescribed [redacted] units three times a day. Resident 1's medication administration record does not include the initials of the staff person who administered this medication on 04/21, 04/24 and 04/26 at 5 pm.

Resident 3, is prescribed [redacted] 1 tablet by mouth before breakfast. Resident 3's medication administration record does not include the initials of the staff person who administered this medication on 04/07/22.

Resident 4, is prescribed [redacted] given twice a day and [redacted] given once a day in the evening. Resident 4's medication administration record does not include the initials of the staff person who administered this medication on 04/22/22 at 7 pm.

Plan of Correction ***Accept***

Not documenting when medication is given to the residents. The HCD has trained med staff on the importance of documenting medications. The HCD will do regular audits of the medication records daily by printing out a sheet on what meds are passed. The HCD will be able to monitor the medication record more efficiently this way.
date staff training 5/5/2022, audit initiated weekly
Ongoing

Completion Date: *05/05/2022*

Document Submission ***Implemented***

Not documenting when medication is given to the residents. The HCD has trained med staff on the importance of documenting medications. The HCD will do regular audits of the medication records daily by printing out a sheet on what meds are passed. The HCD will be able to monitor the medication record more efficiently this way.
date staff training 5/5/2022, audit initiated weekly
Ongoing

187c - Refusal of Medication

1. Requirements

2600.
187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

On 04/11/22, 04/18/22 and 04/20/22, Resident 1 refused to take a scheduled dose of [redacted], [redacted] Resident 1 also refused to take scheduled [redacted] for blood sugar levels. The home did not provide documentation that the prescriber was notified.

187c - Refusal of Medication (continued)

Plan of Correction ***Accept***

When a resident refuses any medication prescriber will be notified. The RD went over this regulation with the HCD. The HCD has gone over with medication staff the importance of documentation and notifying the prescriber. Going forward the medication staff will report to the HCD any time medication is refused so the HCD can notify the prescriber.
prescriber was notified, staff educated on 5/5/2022, check list weekly
Ongoing

Completion Date: *05/05/2022*

Document Submission ***Implemented***

When a resident refuses any medication prescriber will be notified. The RD went over this regulation with the HCD. The HCD has gone over with medication staff the importance of documentation and notifying the prescriber. Going forward the medication staff will report to the HCD any time medication is refused so the HCD can notify the prescriber.
prescriber was notified, staff educated on 5/5/2022, check list weekly
Ongoing

190a - Completion Medication Course

1. Requirements

2600.
190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person D, who has not successfully completed the Department-approved medications administration course, administered medications to Resident 3 including the following:
On 04/02 to 04/04/22 and 04/16 to 04/18/22 at 5:30 am, administered [redacted]

Staff person B, who has not successfully completed the Department-approved medications administration course, administered medications to Resident 3 including the following:
On 04/01 to 04/03/22 at 8 am, administered [redacted]

Plan of Correction ***Accept***

Staff person D is enrolled in the Medication course as of 5/23/2022. We will not allow any staff that doesn't have the proper documentation to pass meds. If they don't have the course then the RD will arrange for them to start a class. 5/23/2022/ ongoing
all staff must have taken the course to be able to pass meds, the RD will monitor

190a - Completion Medication Course (continued)

Completion Date: *05/31/2022*

Document Submission ***Implemented***

Staff person D is enrolled in the Medication course as of 5/23/2022. We will not allow any staff that doesn't have the proper documentation to pass meds. If they don't have the course then the RD will arrange for them to start a class. 5/23/2022/ ongoing
all staff must have taken the course to be able to pass meds, the RD will monitor
2 new staff have taken the course

190b - Insulin Injections

1. Requirements

2600.
190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

Description of Violation

On 04/01 to 04/03/22 at 12 pm, 4 pm and 8 pm, Staff Person B, who has not completed the medication administration course , administered [redacted] to Resident 2.

Plan of Correction ***Accept***

The RD will have a document to record the diabetes course. This will be used to monitor who has the course who needs it and when re-certifications are needed. I am scheduling a Diabetes class for the medication staff in the next month. The trainer will be a diabetic certified trainer.
Ongoing
6/16/2022 RD will require any one passing meds to have this

Completion Date: *06/16/2022*

Document Submission ***Implemented***

The RD will have a document to record the diabetes course. This will be used to monitor who has the course who needs it and when re-certifications are needed. I am scheduling a Diabetes class for the medication staff in the next month. The trainer will be a diabetic certified trainer.
Ongoing
6/16/2022 RD will require any one passing meds to have this
trainer coming 7/15/2022 at 8 am

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

Resident 2 was admitted to the home on [redacted]; however, the resident's preadmission screening form was not completed until [redacted].

Plan of Correction ***Accept***

Preadmission screening must be done prior to admission. The HCD will complete this form prior to admission. All residents will have this form in their chart. This document helps us see if we can meet their care needs prior to admission. Before the resident moves in the RD and HCD will review their prescreen for each resident.
Ongoing
HCD will do monthly audit, and we will do it prior to admission

Completion Date: *05/31/2022*

Document Submission ***Implemented***

Preadmission screening must be done prior to admission. The HCD will complete this form prior to admission. All residents will have this form in their chart. This document helps us see if we can meet their care needs prior to admission. Before the resident moves in the RD and HCD will review their prescreen for each resident.
Ongoing
HCD will do monthly audit, and we will do it prior to admission

225a - Assessment 15 Days

1. Requirements

2600.
225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident 2 was admitted on [redacted] however, the resident's assessment was not completed until [redacted]

Plan of Correction ***Accept***

Each resident shall have an Assessment within 15 days of moving in to the facility. The HCD will do this assessment after each resident within 15 days of moving in and then again annual. Quarterly audits will be completed on each resident chart to monitor compliance. The audit will be done by the RD.
Ongoing

Completion Date: *05/31/2022*

Document Submission ***Implemented***

Each resident shall have an Assessment within 15 days of moving in to the facility. The HCD will do this assessment

225a - Assessment 15 Days (continued)

after each resident within 15 days of moving in and then again annual. Quarterly audits will be completed on each resident chart to monitor compliance. The audit will be done by the RD.
Ongoing

2. Requirements

2600.
225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

An assessment was not completed for Resident 4, who was admitted to the home on 03/28/20.

Plan of Correction ***Accept***

Each resident shall have an Assessment within 15 days of moving in to the facility. The HCD will do this assessment after each resident within 15 days of moving in and then again annual. Quarterly audits will be completed on each resident chart to monitor compliance. The audit will be done by the RD.
Ongoing
March, June, Sept., Dec.

Completion Date: *06/01/2022*

Document Submission ***Implemented***

Each resident shall have an Assessment within 15 days of moving in to the facility. The HCD will do this assessment after each resident within 15 days of moving in and then again annual. Quarterly audits will be completed on each resident chart to monitor compliance. The audit will be done by the RD.
Ongoing
March, June, Sept., Dec.

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

On 05/04/22, an enabler bar was observed on Resident 7's bed. However, the resident's support plan, dated 03/15/21, does not document the need for this device.

227d - Support Plan Medical/Dental (continued)

On 05/04/22, an enabler bar was observed on Resident 8's bed. However, the resident's support plan, dated [redacted], does not document the need for this device.

Plan of Correction ***Accept***

Resident 7 and 8 have had their support plans updated on 5/5/2022. The HCD will put in all support plans going forward any assisted devices needed by the resident. Documentation from the doctor that supports the need for the device. Support plans will be reviewed by the RD and HCD to monitor compliance.
Ongoing
5/5/2022

Completion Date: *05/05/2022*

Document Submission ***Implemented***

Resident 7 and 8 have had their support plans updated on [redacted]. The HCD will put in all support plans going forward any assisted devices needed by the resident. Documentation from the doctor that supports the need for the device. Support plans will be reviewed by the RD and HCD to monitor compliance.
Ongoing
5/5/2022
we will document on support plan for any resident needing any supports.

231c - Preadmission Screening

1. Requirements

2600.
231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident 2 was admitted to the Secure Dementia Care Unit (SDCU) on [redacted]. However, the resident's written cognitive preadmission screening was not completed until [redacted]

Resident 4 was admitted to the Secure Dementia Care Unit (SDCU) on [redacted] However, the resident's written cognitive preadmission screening was not completed until [redacted]

Plan of Correction ***Accept***

We received the violation because resident 2 and 4 did not have the cognitive screening done in the time frame allowed on the DME. The HCD will oversee all residents going into the secure Dementia unit to ensure the form is completed in the time frame allow on the DME. Quarterly the RD and HCD will audit charts for compliance.
June 2022 the quarterly audits will begin

231c - Preadmission Screening (continued)

Ongoing

Completion Date: *06/01/2022*

Document Submission ***Implemented***

We received the violation because resident 2 and 4 did not have the cognitive screening done in the time frame allowed on the DME. The HCD will oversee all residents going into the secure Dementia unit to ensure the form is completed in the time frame allow on the DME. Quarterly the RD and HCD will audit charts for compliance.
June 2022 the quarterly audits will begin
Ongoing

231e - No Objection Statement

1. Requirements

2600.
231.e. Each resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

Description of Violation

Resident 2 was admitted to the Secure Dementia Care Unit (SDCU) on [redacted] The home has no documentation that the resident and the resident's designated person have not objected to the admission.

Resident 3 was admitted to the Secure Dementia Care Unit (SDCU) on [redacted] The home has no documentation that the resident and the resident's designated person have not objected to the admission.

Resident 4 was admitted to the Secure Dementia Care Unit (SDCU) on [redacted] The home has no documentation that the resident and the resident's designated person have not objected to the admission.

Plan of Correction ***Accept***

Resident 2, 3 and 4 did not have a No Objection forms filled out prior to going to the Secure Dementia Unit. On 5/8/2022 all three of the residents had this form filled out. An audit of the charts in the Secure Dementia showed the residents that didn't have this document. By 5/20/2022 all residence in the unit will have this document in their charts. This Document will be part of the admission paper work for all residents going into the Secured unit.
Complete on 5/20/2022/ ongoing
the RD perform the audit 5/20/2022

Completion Date: *05/20/2022*

Document Submission ***Implemented***

Resident 2, 3 and 4 did not have a No Objection forms filled out prior to going to the Secure Dementia Unit. On 5/8/2022 all three of the residents had this form filled out. An audit of the charts in the Secure Dementia showed

231e - No Objection Statement (continued)

the residents that didn't have this document. By 5/20/2022 all residence in the unit will have this document in their charts. This Document will be part of the admission paper work for all residents going into the Secured unit.
Complete on 5/20/2022/ ongoing
the RD perform the audit 5/20/2022

234a - Admission Support Plan

1. Requirements

2600.
234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident 4 was admitted to the Secure Dementia Care Unit (SDCU) on [redacted]. However, the resident's initial support plan was not completed.

Plan of Correction ***Accept***

Resident 4 was admitted to the Secure Dementia unit without having the initial support plan completed. The HCD has completed this document on 5/9/2022.The HCD will be responsible for doing the support plan within 72 hours of the admission. Audits by the RD and HCD will monitor compliance.
Complete 5/9/2022/ ongoing
Audits will be done by the RD every time someone moves in, RD will have a resident check list
quarterly, a check list

Completion Date: *05/31/2022*

Document Submission ***Implemented***

Resident 4 was admitted to the Secure Dementia unit without having the initial support plan completed. The HCD has completed this document on 5/9/2022.The HCD will be responsible for doing the support plan within 72 hours of the admission. Audits by the RD and HCD will monitor compliance.
Complete 5/9/2022/ ongoing
Audits will be done by the RD every time someone moves in, RD will have a resident check list
quarterly, a check list

103g - Storing Food

1. Requirements

2600.

103g - Storing Food *(continued)*

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

Description of Violation

The bottles of pork red sauce and spaghetti sauce in the walk-in refrigerator were not properly sealed.

Repeated Violation - 10/17/2019, et al

Plan of Correction ***Accept***

The pork red sauce and the spaghetti sauce that were not sealed correctly were discarded on 5/3/2022. We have a new chef that understands the importance of properly storing food. Chef will look at food storage in the walk in refrigerator daily if chef is off that day then the cook for the day will go through walk in refrigerator.
Complete 5/3/2022/ ongoing

Completion Date: *05/31/2022*

Document Submission ***Implemented***

The pork red sauce and the spaghetti sauce that were not sealed correctly were discarded on 5/3/2022. We have a new chef that understands the importance of properly storing food. Chef will look at food storage in the walk in refrigerator daily if chef is off that day then the cook for the day will go through walk in refrigerator.
Complete 5/3/2022/ ongoing
the Chef as changed this to weekly audit faxed

183b - Meds and Syringes Locked

1. Requirements

2600.
183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On 05/04/22, Resident #6's medications, including [redacted], were unlocked, unattended, and accessible in the resident's bedroom.

Repeated Violation - 10/17/2019, et al

Plan of Correction ***Accept***

Resident 6 had in [redacted] room medication unattended in the bathroom accessibly to the bedroom. On 5/4/2022 these medications were removed and lock in med cart by the RD. The HCD will routinely go to resident's rooms to ensure all medication are locked up and stored properly.
Complete 5/4/2022/ ongoing
RD and HCD will go through rooms weekly

Completion Date: *05/06/2022*

Document Submission ***Implemented***

Resident 6 had in [redacted] room medication unattended in the bathroom accessibly to the bedroom. On 5/4/2022 these

183b - Meds and Syringes Locked (continued)

medications were removed and lock in med cart by the RD. The HCD will routinely go to resident's rooms to ensure all medication are locked up and stored properly.
Complete 5/4/2022/ ongoing
RD and HCD will go through rooms weekly. Audit Faxed.

185a - Implement Storage Procedures

1. Requirements

2600.
185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

On 05/04/22, glucometers belonging to Residents 1 and 2 were not calibrated with correct and time. No times were indicated and the date was 05/15 when the correct date was 05/04/22.

Glucometer readings for both Resident 1 and 2 were incorrectly documented as follows:

Resident 1
04/18 7 pm read of 349 incorrectly documented as [redacted]
04/19 7 pm read of 354 incorrectly documented as
04/20 1 pm read of 202 incorrectly documented as
04/24 5 pm read was not seen in glucometer no documented
04/27 7 pm read of 312 incorrectly documented as
04/28 7 pm read of 376 incorrectly documented as

Resident 2
04/22 8pm 208 reading incorrectly documented as [redacted] *on MAR*
04/23 4 pm of [redacted] *and 8 pm reading of* [redacted] *incorrectly documented as* [redacted] *and* [redacted]
04/24 8 pm read of [redacted] *incorrectly documented as* [redacted]
04/27 4 pm recorded read of [redacted] *was not seen in glucometer*
04/29 8 am read of [redacted] *was not documented on MAR*

Repeated Violation - 10/17/2019, et al

Plan of Correction ***Accept***

On 5/4/2022 residents 1 and 2 did not have their glucometers calibrated to correct time and date. On 5/4/2022 the meters were calibrated and all other meters were check for right time and date by the HCD. This will become a route audit of the meters weekly to check for compliance by the HCD.
Complete 5/4/2022/ ongoing
answers HCD audits and document, weekly audits for 12 months

185a - Implement Storage Procedures (continued)

Completion Date: *05/09/2022*

Document Submission ***Implemented***

On 5/4/2022 residents 1 and 2 did not have their glucometers calibrated to correct time and date. On 5/4/2022 the meters were calibrated and all other meters were check for right time and date by the HCD. This will become a route audit of the meters weekly to check for compliance by the HCD.
Complete 5/4/2022/ ongoing
answers HCD audits and document, weekly audits for 12 months
The HCD does do Audits regularly I Debra Enders will send you the form 7/5/2022 when Victoria Wall returns from vacation.

227g -Support Plan Signatures

1. Requirements

2600.
227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident 1, participated in the development of his/her most recent support plan. However, the resident did not sign the support plan.

Resident 5, participated in the development of his/her support plan dated [redacted]*. However, the resident nor the assessor did not sign the support plan.*

Repeated Violation - 10/17/19 et al

Plan of Correction ***Accept***

Resident 1 did not sign the support plan. Resident 5 did not sign support plan or the assessor that completed it. Resident 1 support plan was signed [redacted] *and resident 5 support plan was signed by the resident and assessor on* [redacted] *HCD reviewed document. When the support plan is completed they will be signed by resident and assessor. The HCD will oversee that this regulation is followed. Regular audits of the file will ensure compliance by the HCD and RD.*
Complete 5/5/2022/ ongoing
The HCD will do Monthly audits if a resident can't sign then we will have them put an X on the form or have doctor indicate that they can not sign

Completion Date: *06/01/2022*

Document Submission ***Implemented***

Resident 1 did not sign the support plan. Resident 5 did not sign support plan or the assessor that completed it. Resident 1 support plan was signed [redacted] *and resident 5 support plan was signed by the resident and assessor on* [redacted] *HCD reviewed document. When the support plan is completed they will be signed by resident and*

227g -Support Plan Signatures (continued)

assessor. The HCD will oversee that this regulation is followed. Regular audits of the file will ensure compliance by the HCD and RD.

Complete 5/5/2022/ ongoing

The HCD will do Monthly audits if a resident can't sign then we will have them put an X on the form or have doctor indicate that they can not sign. Audit faxed in!