

Department of Human Services
Bureau of Human Service Licensing

June 14, 2022

[REDACTED], CAO
[REDACTED]
[REDACTED]

RE: MCCULLOUGH PLACE
500 CHENEY OAK DRIVE
JOHNSTOWN, PA, 15905
LICENSE/COC#: 33064

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: MCCULLOUGH PLACE License #: 33064 License Expiration: 07/11/2023
Address: 500 CHENEY OAK DRIVE, JOHNSTOWN, PA 15905
County: CAMBRIA Region: CENTRAL

Administrator

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

Legal Entity

Name: MCCULLOUGH AID OPCO LLC
Address: 330 N WABASH AVE SUITE 3700, CHICAGO, IL, 60611
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 03/26/1998 Issued By: Department of Labor and Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 63 Waking Staff: 47

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal 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: 55 Residents Served: 42

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 11

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 42
Diagnosed with Mental Illness: 2 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 21 Have Physical Disability: 0

Inspections / Reviews

05/03/2022 - Full

Lead Inspector: Charese Robitaille Follow-Up Type: POC Submission Follow-Up Date: 05/28/2022

Inspections / Reviews (*continued*)

06/06/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *06/13/2022*

06/09/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *06/13/2022*

06/14/2022 - Document Submission

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

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

Plan of Correction

Accept

- Executive Director (ED) gave Resident # 4 the opportunity to sign [REDACTED] contract. [REDACTED] was unable and it was documented as such on 05/03/2022 by the Executive Director. (Exhibit 1)
- On 5/24/22 Executive Director was educated on the requirement within regulation 2600.25b by Regional Director of Care Services (RDCS). (Exhibit 2)
- By 5/28/2022 the Executive Director will conduct an audit of all resident contracts to ensure the resident has signed. (Exhibit 3)
- Beginning the week of 6/6/22, Executive Director or Care Service Manager will audit any new resident contracts to ensure they have been signed and are in compliance with this regulation.
- Results of the audit will be discussed during monthly Quality Improvement meetings starting June 2022. The Quality Improvement Committee will determine if continued auditing is necessary based on three consecutive months.

Completion Date: 05/22/2022

Document Submission

Implemented

- Executive Director (ED) gave Resident # 4 the opportunity to sign [REDACTED] contract. [REDACTED] was unable and it was documented as such on 05/03/2022 by the Executive Director. (Exhibit 1)
- On 5/24/22 Executive Director was educated on the requirement within regulation 2600.25b by Regional Director of Care Services (RDCS). (Exhibit 2)
- By 5/28/2022 the Executive Director will conduct an audit of all resident contracts to ensure the resident has signed. (Exhibit 3)
- Beginning the week of 6/6/22, Executive Director or Care Service Manager will audit any new resident contracts to ensure they have been signed and are in compliance with this regulation.
- Results of the audit will be discussed during monthly Quality Improvement meetings starting June 2022. The Quality Improvement Committee will determine if continued auditing is necessary based on three consecutive months.

141b1 - Annual Medical Evaluation

1. Requirements

2600.

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

Description of Violation

Resident #2's most recent medical evaluation, completed on [REDACTED], did not include the Medical Professional License Number.

141b1 - Annual Medical Evaluation (continued)

Plan of Correction**Accept**

- Resident # 2 medical professional license number was obtained by the Care Service Manager and added to the DME by the Care Service Manager [REDACTED] (Exhibit 4) Permission was obtained by the Care Service Manager on [REDACTED]. (Exhibit 25)
- On 5/24/2022 Executive Director and Care Service Manager were educated on the requirement within the regulation 2600.141b by Regional Executive Director (Exhibit 2)
- By 05/28/2022 an audit will be complete on all DME's to ensure they include the medical professional license number (Exhibit 5)
- The ED or Care Service Manager will audit, if applicable new resident DME's weekly x 4 weeks, bi-weekly x 4 weeks and monthly x 1 to ensure they meet the regulation.
- Results of the audit will be discussed during monthly Quality Improvement meetings starting June 2022. The Quality Improvement Committee will determine if continued auditing is necessary based on three consecutive months of compliance.

Completion Date: 09/01/2022**Document Submission****Implemented**

- Resident # 2 medical professional license number was obtained by the Care Service Manager and added to the DME by the Care Service Manager 05/03/2022 (Exhibit 4) Permission was obtained by the Care Service Manager on 05/03/2022. (Exhibit 25)
- On 5/24/2022 Executive Director and Care Service Manager were educated on the requirement within the regulation 2600.141b by Regional Executive Director (Exhibit 2)
- By 05/28/2022 an audit will be complete on all DME's to ensure they include the medical professional license number (Exhibit 5)
- The ED or Care Service Manager will audit, if applicable new resident DME's weekly x 4 weeks, bi-weekly x 4 weeks and monthly x 1 to ensure they meet the regulation.
- Results of the audit will be discussed during monthly Quality Improvement meetings starting June 2022. The Quality Improvement Committee will determine if continued auditing is necessary based on three consecutive months of compliance.

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 05/04/2022 at approximately 11:40 AM, two tubes of [REDACTED] were unlocked, unattended, and accessible in Resident #3's bathroom. Resident #3 cannot self administer medications per Resident #3's Resident Assessment and Support Plan, dated [REDACTED].

183b - Meds and Syringes Locked (*continued*)**Plan of Correction****Accept**

- Resident # 3 [REDACTED] were removed and discarded immediately by the Executive Director.
- On 5/24/2022 Executive Director and Care Service Manager were educated on the requirement within regulation 2600.183b by Regional Executive Director (Exhibit 2)
- By 05/28/2022 an audit of all rooms will be completed to ensure that there are no prescription medications, OTC medications, CAM and syringes kept in areas that are unlocked (Exhibit 6)
- The Executive Director or Care Service Manager will audit 5 resident rooms (per their RASP) weekly x 4 weeks, bi-weekly x 4 weeks and monthly x 1 to ensure they meet the regulation.
- Results of the audit will be discussed during monthly Quality Improvement meetings starting June 2022. The Quality Improvement Committee will determine if continued auditing is necessary based on three consecutive months of compliance.

Completion Date: 09/01/2022

Document Submission**Implemented**

- Resident # 3 [REDACTED] removed and discarded immediately by the Executive Director.
- On 5/24/2022 Executive Director and Care Service Manager were educated on the requirement within regulation 2600.183b by Regional Executive Director (Exhibit 2)
- By 05/28/2022 an audit of all rooms will be completed to ensure that there are no prescription medications, OTC medications, CAM and syringes kept in areas that are unlocked (Exhibit 6)
- The Executive Director or Care Service Manager will audit 5 resident rooms (per their RASP) weekly x 4 weeks, bi-weekly x 4 weeks and monthly x 1 to ensure they meet the regulation.
- Results of the audit will be discussed during monthly Quality Improvement meetings starting June 2022. The Quality Improvement Committee will determine if continued auditing is necessary based on three consecutive months of compliance.

184a - Labeling OTC/CAM

1. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

4. The prescribed dosage and instructions for administration.

Description of Violation

Resident #5 is prescribed [REDACTED] subcutaneously; however the pharmacy label reads [REDACTED] subcutaneously.

Plan of Correction**Accept**

- Resident # 5 medication was labeled with a "direction changed refer to MAR" sticker on 5/4/2022 by the Care Service Manager (Exhibit 7)
- By 5/28/2022 a Cart to MAR audit will be completed on all remaining residents (Exhibit 8)
- On 5/24/2022 Executive Director and Care Service Manager were educated on the requirement within regulation 2600.184a by Regional Executive Director. (Exhibit 2)
- On 5/13/2022 the Executive Director and Care Service Manager educated medication administrators on the

184a - Labeling OTC/CAM (continued)

requirement within regulation 2600.185a (Exhibit 9)

- The Executive Director or Care Service Manager will audit 3 resident medications to physician orders (POS) and Medication Administration Record (MAR) x 4 weeks, bi-weekly x 4 weeks and monthly x 1 to ensure the regulation is met.
- Results of the audit will be discussed during monthly Quality Improvement meetings starting June 2022. The Quality Improvement Committee will determine if continued auditing is necessary based on three consecutive months of compliance.

Completion Date: 09/01/2022

Document Submission

Implemented

- Resident # 5 medication was labeled with a "direction changed refer to MAR" sticker on 5/4/2022 by the Care Service Manager (Exhibit 7)
- By 5/28/2022 a Cart to MAR audit will be completed on all remaining residents (Exhibit 8)
- On 5/24/2022 Executive Director and Care Service Manager were educated on the requirement within regulation 2600.184a by Regional Executive Director. (Exhibit 2)
- On 5/13/2022 the Executive Director and Care Service Manager educated medication administrators on the requirement within regulation 2600.185a (Exhibit 9)
- The Executive Director or Care Service Manager will audit 3 resident medications to physician orders (POS) and Medication Administration Record (MAR) x 4 weeks, bi-weekly x 4 weeks and monthly x 1 to ensure the regulation is met.
- Results of the audit will be discussed during monthly Quality Improvement meetings starting June 2022. The Quality Improvement Committee will determine if continued auditing is necessary based on three consecutive months of compliance.

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

Resident #1 is prescribed [redacted] every 6 hours as needed. On 05/04/2022, Resident #1's medication was not available in the home.

Resident #3 is prescribed [redacted] every 6 hours as needed. On 05/04/2022, Resident #3's medication was not available in the home.

Resident #4 is prescribed [redacted] as needed. On 05/04/2022, Resident #4's medication was not available in the home.

Resident #6 is prescribed [redacted] four times daily as needed and Odansetron, 4mg 1 tablet three times a day as needed. On 05/04/2022, Resident #6's medications were not available.

Resident #5 is prescribed [redacted] before meals. The blood glucose checks on the glucometer did not match the numbers transcribed on the Medication Administration Record (MAR) as follows:

185a - Implement Storage Procedures (continued)

Glucometer reading on 05/02/22 at 10:42 am was 320 -The number documented in the MAR was unable to be read.
 Glucometer reading on 05/02/22 at 7:10 am was 180-The number documented in the MAR states blood glucose is 318.
 Glucometer reading on 05/01/22 at 6:26 pm was 336-The number documented in the MAR states the blood glucose is 339.

Plan of Correction**Accept**

- Resident # 1 [REDACTED] was ordered from the pharmacy on 5/4/22 by the Care Services Manager (CSM) and received 5/5/22 (Exhibit 10)
- Resident #3 [REDACTED] was discontinued on 5/4/22 (Exhibit 11)
- Resident # 4 [REDACTED] was requested on 5/4/22 and received by hospice provider on 5/5/22 (Exhibit 12)
- Resident # 6 [REDACTED]) were discontinued for nonuse on 5/5/2022 (Exhibit 13)
- Resident # 5 new blood glucose monitoring tool for documentation was added to the MAR on 5/4/22 for a clearer transcription. (Exhibit 14)
- By 5/28/2022 A full MAR to Cart audit will be complete on all remaining residents to ensure compliance with this regulation. (exhibit 8)
- On 5/24/2022 Executive Director and Care Service Manager were educated on the requirement within regulation 2600.184a by RDCS. (Exhibit 2)
- On 5/13/2022 the Executive Director and Care Service Manager educated medication administrators on the requirement within regulation 2600.185a (Exhibit 9)
- Beginning the week of 6/6/22, the Executive Director or Care Service Manager will audit 3 resident medications to physician orders (POS) and Medication Administration Record (MAR) x 4 weeks, bi-weekly x 4 weeks and monthly x 1 to ensure the regulation is met.
- Beginning the week of 6/6/22, the Executive Director or Care Service Manager will audit 2 residents MARs and compare the blood glucose readings in the glucometer to the readings listed in the MAR to ensure compliance with this regulation. (Exhibit 24)
- Results of the audit will be discussed during monthly Quality Improvement meetings starting June 2022. The Quality Improvement Committee will determine if continued auditing is necessary based on three consecutive months of compliance.

Completion Date: 05/28/2022**Document Submission****Implemented**

- Resident # 1 [REDACTED] was ordered from the pharmacy on 5/4/22 by the Care Services Manager (CSM) and received 5/5/22 (Exhibit 10)
- Resident #3 [REDACTED] was discontinued on 5/4/22 (Exhibit 11)
- Resident # 4 [REDACTED] mg was requested on 5/4/22 and received by hospice provider on 5/5/22 (Exhibit 12)
- Resident # 6 dry eye relief oph solution and odansetron (Zofran) were discontinued for nonuse on 5/5/2022 (Exhibit 13)
- Resident # 5 new blood glucose monitoring tool for documentation was added to the MAR on 5/4/22 for a clearer transcription. (Exhibit 14)

185a - Implement Storage Procedures (continued)

- *By 5/28/2022 A full MAR to Cart audit will be complete on all remaining residents to ensure compliance with this regulation. (exhibit 8)*
- *On 5/24/2022 Executive Director and Care Service Manager were educated on the requirement within regulation 2600.184a by RDCS. (Exhibit 2)*
- *On 5/13/2022 the Executive Director and Care Service Manager educated medication administrators on the requirement within regulation 2600.185a (Exhibit 9)*
- *Beginning the week of 6/6/22, the Executive Director or Care Service Manager will audit 3 resident medications to physician orders (POS) and Medication Administration Record (MAR) x 4 weeks, bi-weekly x 4 weeks and monthly x 1 to ensure the regulation is met.*
- *Beginning the week of 6/6/22, the Executive Director or Care Service Manager will audit 2 residents MARs and compare the blood glucose readings in the glucometer to the readings listed in the MAR to ensure compliance with this regulation. (Exhibit 24)*
- *Results of the audit will be discussed during monthly Quality Improvement meetings starting June 2022. The Quality Improvement Committee will determine if continued auditing is necessary based on three consecutive months of compliance.*

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:

3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.

Description of Violation

Resident #4 is prescribed [REDACTED] -take 1 tablet by mouth every 4 hours as needed. However, Resident #4's medication administration record for May 2022 does not include the prescribed medication.

Resident #5 is prescribed [REDACTED] -take 1 tablet twice daily for 14 days. This medication order was received after 8:00 pm on 04/19/2022. However, Resident #5's medication administration record for May 2022 does not include the prescribed medication.

Plan of Correction

Accept

- Resident # 4 [REDACTED] was put on MAR for May on 5/4/2022 by the CSM. (Exhibit 15)
- Resident # 5 [REDACTED] was put on May MAR on 5/4/2022 by the CSM. (Exhibit 16)
- On 5/24/2022 Executive Director and Care Service Manager were educated on the requirement within regulation 2600.184a by Regional Director of Care Services . (Exhibit 2)
- On 5/13/2022 the Executive Director and Care Service Manager educated medication administrators on the requirement within regulation 2600.187a (Exhibit 9)
- Beginning the week of 6/6/22, the Executive Director or Care Service Manager will audit 3 resident medications to physician orders (POS) and Medication Administration Record (MAR) weekly x 4 weeks, bi-weekly x 4 weeks and monthly x 1 to ensure the regulation is met.
- Results of the audit will be discussed during monthly Quality Improvement meetings starting June 2022. The Quality Improvement Committee will determine if continued auditing is necessary based on three consecutive months of compliance.

Completion Date: 05/24/2022

187a - Medication Record (continued)

Document Submission**Implemented**

- Resident # 4 [REDACTED] was put on MAR for May on 5/4/2022 by the CSM. (Exhibit 15)
- Resident # 5 [REDACTED] was put on May MAR on 5/4/2022 by the CSM. (Exhibit 16)
- On 5/24/2022 Executive Director and Care Service Manager were educated on the requirement within regulation 2600.184a by Regional Director of Care Services . (Exhibit 2)
- On 5/13/2022 the Executive Director and Care Service Manager educated medication administrators on the requirement within regulation 2600.187a (Exhibit 9)
- Beginning the week of 6/6/22, the Executive Director or Care Service Manager will audit 3 resident medications to physician orders (POS) and Medication Administration Record (MAR) weekly x 4 weeks, bi-weekly x 4 weeks and monthly x 1 to ensure the regulation is met.
- Results of the audit will be discussed during monthly Quality Improvement meetings starting June 2022. The Quality Improvement Committee will determine if continued auditing is necessary based on three consecutive months of compliance.

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

Resident #1 is prescribed [REDACTED]. However, this medication was not available in the home. This medication is provided by the pharmacy in Paxit packs and was not included in the packaging or on the pharmacy label. Staff Member A stated this medication has not been in the home for approximately 3 weeks. The Medication Administration Record is signed for administering the medication for the 7:30 am and 7:30 pm administration on 05/01/2022, 05/02/2022/ and 05/03/2022. The Medication Administration Record is also signed for the 7:30 am administration on 05/04/2022.

Resident #5 is prescribed [REDACTED] tablet once daily. However, this medication was not administered to Resident #5 on 05/04/2022 because the medication was not available in the home. The Medication Administration Record was signed on 05/04/2022 for the 7:30 am administration of [REDACTED] tablet. The [REDACTED] available in the medication cart was [REDACTED].

Resident #5 is prescribed [REDACTED] tablet-take 1/2 tablet once daily. However, this medication was not available in the home.

Resident #6 is prescribed [REDACTED] to be applied one time a day every 3 days (72) hours. This medication was last administered to Resident #6 on 04/28/2022. This medication was not administered to Resident #6 on 05/01/2022 or 05/04/2022 because the medication was not available in the home.

Plan of Correction**Accept**

- Resident # 1 [REDACTED] was requested from the pharmacy 5/4/22 and received 5/4/22 (Exhibit 17)

187d - Follow Prescriber's Orders (continued)

- Resident #4 [redacted] was requested from the pharmacy 5/4/22 and received 5/4/22 (Exhibit 18)
- Resident #5 [redacted] was discontinued due to nonuse effective 5/5/22 (Exhibit 19)
- Resident #5 [redacted] was requested from the pharmacy 5/4/22 and received 5/4/22 (Exhibit 20)
- On 5/24/2022 Executive Director and Care Service Manager were educated on the requirement within regulation 2600.187d by RDCS. (Exhibit 2)
- On 5/10/2022 Care Service Manager completed audit of current residents with medication orders to ensure medications available for administration as prescribed. No additional findings were noted. (Exhibit 8)
- On 5/13/2022 the Executive Director and Care Service Manager educated medication administrators on the requirement within regulation 2600.185a (Exhibit 9)
- Beginning the week of 6/6/22, the Executive Director or Care Service Manager will audit 3 resident medications to physician orders (POS) and Medication Administration Record (MAR) weekly x 4 weeks, bi-weekly x 4 weeks and monthly x 1 to ensure the regulation is met.
- Results of the audit will be discussed during monthly Quality Improvement meetings starting June 2022. The Quality Improvement Committee will determine if continued auditing is necessary based on three consecutive months of compliance.

Completion Date: 05/24/2022

Document Submission

Implemented

- Resident # 1 [redacted] was requested from the pharmacy 5/4/22 and received 5/4/22 (Exhibit 17)
- Resident #4 [redacted] was requested from the pharmacy 5/4/22 and received 5/4/22 (Exhibit 18)
- Resident #5 [redacted] was discontinued due to nonuse effective 5/5/22 (Exhibit 19)
- Resident #5 [redacted] was requested from the pharmacy 5/4/22 and received 5/4/22 (Exhibit 20)
- On 5/24/2022 Executive Director and Care Service Manager were educated on the requirement within regulation 2600.187d by RDCS. (Exhibit 2)
- On 5/10/2022 Care Service Manager completed audit of current residents with medication orders to ensure medications available for administration as prescribed. No additional findings were noted. (Exhibit 8)
- On 5/13/2022 the Executive Director and Care Service Manager educated medication administrators on the requirement within regulation 2600.185a (Exhibit 9)
- Beginning the week of 6/6/22, the Executive Director or Care Service Manager will audit 3 resident medications to physician orders (POS) and Medication Administration Record (MAR) weekly x 4 weeks, bi-weekly x 4 weeks and monthly x 1 to ensure the regulation is met.
- Results of the audit will be discussed during monthly Quality Improvement meetings starting June 2022. The Quality Improvement Committee will determine if continued auditing is necessary based on three consecutive months of compliance.

227h - Support Plan Refuse Sign

1. Requirements

2600.

227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

Description of Violation

Resident #4 participated in the development of the support plan on [redacted]

227h - Support Plan Refuse Sign (continued)

. The resident did not sign the support plan, nor did the home make a notation regarding the resident's inability or refusal to sign.

Resident #5 participated in the development of the support plan on [REDACTED]. The resident did not sign the support plan and the home did not make a notation regarding the resident's inability or refusal to sign.

Plan of Correction**Accept**

- Care Service Manager gave Resident # 4 the opportunity to sign the support plan and was unable. It was noted on the RASP by the Care Service Manager on 05/03/2022 (Exhibit 21)
- Care Service Manager gave Resident # 5 the opportunity to sign the support plan and was unable. It was noted on the RASP 5/3/22 by the Care Service Manager. (Exhibit 22)
- On 5/24/22, Executive Director and Care Service Manager were educated on the requirement within regulation 2600.227h by the Regional Director of Care Services (Exhibit 2)
- By 5/28/2022 the Executive Director or Care Service Manager will conduct an audit of remaining resident RASPs to ensure the resident has signed. (Exhibit 23)
- Beginning the week of 6/6/22, the Executive Director or Care Service Manager will audit, if applicable new resident RASPs weekly x 4 weeks, bi-weekly x 4 weeks and monthly x 1 to ensure contracts have been signed according to the regulation.
- Results of the audit will be discussed during monthly Quality Improvement meetings starting June 2022. The Quality Improvement Committee will determine if continued auditing is necessary based on three consecutive months of compliance.

Completion Date: 05/28/2022

Document Submission**Implemented**

- Care Service Manager gave Resident # 4 the opportunity to sign the support plan and was unable. It was noted on the RASP by the Care Service Manager on 05/03/2022 (Exhibit 21)
- Care Service Manager gave Resident # 5 the opportunity to sign the support plan and was unable. It was noted on the RASP 5/3/22 by the Care Service Manager. (Exhibit 22)
- On 5/24/22, Executive Director and Care Service Manager were educated on the requirement within regulation 2600.227h by the Regional Director of Care Services (Exhibit 2)
- By 5/28/2022 the Executive Director or Care Service Manager will conduct an audit of remaining resident RASPs to ensure the resident has signed. (Exhibit 23)
- Beginning the week of 6/6/22, the Executive Director or Care Service Manager will audit, if applicable new resident RASPs weekly x 4 weeks, bi-weekly x 4 weeks and monthly x 1 to ensure contracts have been signed according to the regulation.
- Results of the audit will be discussed during monthly Quality Improvement meetings starting June 2022. The Quality Improvement Committee will determine if continued auditing is necessary based on three consecutive months of compliance.