

Department of Human Services  
Bureau of Human Service Licensing

October 25, 2022

[REDACTED], ADMINISTRATOR

RE: MARTIN'S CARE HOME  
522 WEST MAIN STREET  
ROCKWOOD, PA, 15557  
LICENSE/COC#: 32154

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/18/2022 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: *MARTIN'S CARE HOME* License #: *32154* License Expiration: *03/26/2023*  
Address: *522 WEST MAIN STREET, ROCKWOOD, PA 15557*  
County: *SOMERSET* Region: *CENTRAL*

**Administrator**

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

**Legal Entity**

Name: *MARTINS CARE HOME INC*  
Address: [REDACTED]  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-3 SP* Date: *01/04/2022* Issued By: *Labor and Industry*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *15* Waking Staff: *11*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *05/18/2022*

**Inspection Dates and Department Representative**

05/18/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *18* Residents Served: *15*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *2*

**Number of Residents Who:**

Receive Supplemental Security Income: *14* Are 60 Years of Age or Older: *12*  
Diagnosed with Mental Illness: *15* Diagnosed with Intellectual Disability: *5*  
Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

**05/18/2022 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/12/2022*

**06/27/2022 - POC Submission**

Inspections / Reviews *(continued)*

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/05/2022*

08/15/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *08/22/2022*

10/25/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

### 3c - Post Current License

#### 1. Requirements

2600.

- 3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

#### Description of Violation

*On 05/18/2022, a copy of Chapter 2600 was not posted in a public and conspicuous place.*

*On 05/18/2022, the most recent license inspection summary, dated 12/19/19, was not posted in a public and conspicuous place.*

#### Plan of Correction

**Accept**

*The Inspector brought to my attention that I had to have most recent License inspection summary posted Which I did immediately (05/18/2022).*

*Administrator will ensure all need materials including the LIS are posted in a conspicuous and public place in the personal care home. Administrator will do mouthy walk/ through/inspection of the postings monthly starting 6/30/2022. LIS was posted 05/18/2022.*

**Completion Date:** 06/30/2022

#### Document Submission

**Implemented**

*The Inspector brought to my attention that I had to have most recent License inspection summary posted Which I did immediately (05/18/2022).*

*Administrator will ensure all need materials including the LIS are posted in a conspicuous and public place in the personal care home. Administrator will do mouthy walk/ through/inspection of the postings monthly starting 6/30/2022. LIS was posted 05/18/2022.*

### 18 - Compliance With Laws

#### 1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

#### Description of Violation

*On 05/18/2022, no publications regarding the influenza vaccine were posted in a public place in accordance with the Influenza Awareness Act, enacted in July, 2016.*

#### Plan of Correction

**Accept**

*I did not have a poster available the inspector email me a copy. I printed it and posted it the same day 05/18/2022. Administrator will ensure all needed materials in regards to Regulation 2600.18 are posted in a conspicuous and public place in the personal care home. the administrator will do monthly starting 06/30/2022, Flu posters was posted, 05/18/2022.*

**Completion Date:** 06/30/2022

#### Document Submission

**Implemented**

*I did not have a poster available the inspector email me a copy. I printed it and posted it the same day 05/18/2022. Administrator will ensure all needed materials in regards to Regulation 2600.18 are posted in a conspicuous and public place in the personal care home. the administrator will do monthly starting 06/30/2022, Flu posters was posted, 05/18/2022.*

65i - Training Record

1. Requirements

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

The home's record of direct care staff training for Staff Member A does not include documentation of current CPR/First Aid certification.

Plan of Correction

Accept

I do have a copy of Staff Member A's CPR /AED. I will send with other papers. Administrator will Staff Member A into a first aid training. The Administrator will review staff training needs at the next Quality management review to be held no later than 07/28/2022. As for the Training for the First aid, Administrator has called the hospital, nursing homes and other Personal care homes and it appears the the soonest time frame that the Employee can get first aid certified will be October of 2022.

Completion Date: 06/30/2022

Document Submission

Implemented

I do have a copy of Staff Member A's CPR /AED. I will send with other papers. Administrator will Staff Member A into a first aid training. The Administrator will review staff training needs at the next Quality management review to be held no later than 07/28/2022. As for the Training for the First aid, Administrator has called the hospital, nursing homes and other Personal care homes and it appears the the soonest time frame that the Employee can get first aid certified will be October of 2022.

89b - Hot Water Temperature

1. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 05/18/2022 at 9:48 AM, the water temperature of the sink in the first-floor bathroom, near the main entrance, measured 123.4 degrees Fahrenheit.

Plan of Correction

Accept

I notified [redacted] Heating and Plumbing they came on Friday 05/19/2022 to adjusted the Boiler water. I have documentation to show. Which i will send. The Administrator will test water temps to ensure compliance is kept and maintained in compliance on every Friday of the month. To make sure water temp remains at 120 degrees.

Completion Date: 06/30/2022

Document Submission

Implemented

I notified [redacted] Heating and Plumbing they came on Friday 05/19/2022 to adjusted the Boiler water. I have documentation to show. Which i will send. The Administrator will test water temps to ensure compliance is kept and maintained in compliance on every Friday of the month. To make sure water temp remains at 120 degrees.

107c - Food/Water 3 Day Supply

1. Requirements

2600.

107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Description of Violation

On 5/18/22, the home served 15 residents requiring 45 gallons of emergency water; however, the home only has 4 gallons of emergency water.

Plan of Correction

Accept

Administrator will Buy 45 gallons of water to have on hand in case of power outraged. I always have plenty of nonperishable food, I also order more if census goes up from [redacted] Candy Co. I will send picture's and sales receipt. 06/09/2022, 07/07/2022, 06/08/2022. The Administrator will purchased 3 gallons of water if census increases. The Administrator will save receipts upbound of any admissions.

Completion Date: 06/30/2022

Document Submission

Implemented

Administrator will Buy 45 gallons of water to have on hand in case of power outraged. I always have plenty of nonperishable food, I also order more if census goes up from [redacted] Candy Co. I will send picture's and sales receipt. 06/09/2022, 07/07/2022, 06/08/2022. The Administrator will purchased 3 gallons of water if census increases. The Administrator will save receipts upbound of any admissions.

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's most recent fire safety inspection by a fire safety expert was conducted on 1/8/21.

Plan of Correction

Accept

I contacted the fire chief by letter 05/15/2022 we need a fire drill conducted. The fire chief has covid-19 soon as able [redacted] will conduct a fire drill, I will send copies of fire drill when completed. I will call the fire chief today 06/30/2022 to set up a date to come do a fire drill and training with staff and clients. I the Administrator will make sure annually Documentation of the fire drill safely inspection shall be kept. The Administrator will make contact with fire safely expert 30 days prior to annual expiration to in sure yearly drills with fire safely experts are conduct then add date when this will be implemented 07/05/2022.

Update: The Fire Chief is still having medical complications, contact via phone and letter was conducted on the 07/05/2022. The Administrator has still not heard back from the Fire Chief in order to do the inspection, Admin is currently still working on getting the fire chief to get a time to come do the inspection. Admin has tried other options, but other fire chiefs are not allowed to leave their Jurisdiction (other municipalities can't come into other municipalities). Admin will follow up with the [redacted] Fire Chief again on 07/15/2022 via mail and phone call again.

Completion Date: 06/30/2022

Document Submission

Implemented

I contacted the fire chief by letter 05/15/2022 we need a fire drill conducted. The fire chief has covid-19 soon as able [redacted] will conduct a fire drill, I will send copies of fire drill when completed. I will call the fire chief today 06/30/2022 to set up a date to come do a fire drill and training with staff and clients. I the Administrator will make

132b - Safety Inspection/Fire Drill (continued)

sure annually Documentation of the fire drill safely inspection shall be kept. The Administrator will make contact with fire safely expert 30 days prior to annual expiration to in sure yearly drills with fire safely experts are conduct then add date when this will be implemented 07/05/2022.

Update: The Fire Chief is still having medical complications, contact via phone and letter was conducted on the 07/05/2022. The Administrator has still not heard back from the Fire Chief in order to do the inspection, Admin is currently still working on getting the fire chief to get a time to come do the inspection. Admin has tried other options, but other fire chiefs are not allowed to leave their Jurisdiction (other municipalities can't come into other municipalities). Admin will follow up with the [REDACTED] Fire Chief again on 07/15/2022 via mail and phone call again.

181c - Self-administration Assessment

1. Requirements

2600.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

Resident 4 is prescribed insulin, [REDACTED], 151-200=3 units, 201-250=6u 251-300=9 units 8 am, 12 pm, 5 pm; however, the resident has been self-administering their own insulin and has not been assessed by a physician to self-administer medications.

Plan of Correction

Accept

I contacted the Nurse Practitioner 05/27/2022 about Resident 4 being able to due their Insulin Injections while they are on home visits. I also addressed them being able to obtained their own blood sugars also while home. [REDACTED] gave me and ordered stating resident can. I will also send copy of documentation. The documentation will be kept in her chart DME and RASP were also updated to show that Resident now can self administer insulin, The Administrator will do audits starting 07/10/2022 and who will insure compliance.

Completion Date: 06/30/2022

Document Submission

Implemented

I contacted the Nurse Practitioner 05/27/2022 about Resident 4 being able to due their Insulin Injections while they are on home visits. I also addressed them being able to obtained their own blood sugars also while home. [REDACTED] gave me and ordered stating resident can. I will also send copy of documentation. The documentation will be kept in her chart DME and RASP were also updated to show that Resident now can self administer insulin, The Administrator will do audits starting 07/10/2022 and who will insure compliance.

190c - Record of Training

1. Requirements

2600.

190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

Description of Violation

On 05/18/2022, the facility had no documentation that Staff Member A has completed the requirements for Medication Administration Training.

190c - Record of Training (continued)

**Plan of Correction**

**Accept**

*I the Administrator will provide a copy of staffs medication trainings. I the Administrator will start audits on 06/30/2022 every weekly for three months, to ensure compliance the Administrator will be doing will be completed by 09/30/2022. The Administrator will Keep records in staffs folder. The staff taring needs will be discussed at next Quality Management review (07/28/2022).*

**Completion Date:** 06/30/2022

**Document Submission**

**Implemented**

*I the Administrator will provide a copy of staffs medication trainings. I the Administrator will start audits on 06/30/2022 every weekly for three months, to ensure compliance the Administrator will be doing will be completed by 09/30/2022. The Administrator will Keep records in staffs folder. The staff taring needs will be discussed at next Quality Management review (07/28/2022).*

225c - Additional Assessment

**1. Requirements**

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

**Description of Violation**

- Resident 1's most recent assessment, dated [REDACTED], indicates that the resident is independent when turning and positioning in bed/chair; however, the resident requires assistance of an enabler to position in bed.
- Resident 1's most recent assessment is dated [REDACTED]; however, the previous assessment is dated [REDACTED].
- Resident 3's most recent assessment was completed 10/10/21; however the resident's previous assessment is dated [REDACTED].
- Resident 4's most recent assessment is dated [REDACTED].

**Plan of Correction**

**Accept**

*I the Administrator will make a addendum before 07/01/2022 in Resident 1 assessment dated [REDACTED] that [REDACTED] is using enabler to repositioning in bed when turning, in bed. 12/01/2021I administrator will be more aware of dating the assessment with in the time frame. The Administrator will conduct Quarterly audits of residents records (07/10/2022). The assessment will reflect that the resident requires the assistance of the enabler.*

**Completion Date:** 06/30/2022

**Document Submission**

**Implemented**

*I the Administrator will make a addendum before 07/01/2022 in Resident 1 assessment dated [REDACTED] that [REDACTED] is using enabler to repositioning in bed when turning, in bed. 12/01/2021I administrator will be more aware of dating the assessment with in the time frame. The Administrator will conduct Quarterly audits of residents records (07/10/2022). The assessment will reflect that the resident requires the assistance of the enabler.*

85a - Sanitary Conditions

1. Requirements

2600.  
85.a. Sanitary conditions shall be maintained.

Description of Violation

On 05/18/2022, Resident 4's [redacted] had multiple areas of dried blood on the back of the meter. Resident 2's glucometer [redacted] also had multiple areas of dried blood on the back of their meter.

Repeated Violation - 12/19/19

Plan of Correction

Accept

I the Administrator Cleaned the meters Immediately, While Inspectors were still there in facility (05/18/2022). I instructed my staff we will obtained the blood sugars readings are self because of the clients shaking from there medications or tremors. The Administrator will implement a plan (07/01/2022) for consumers can obtained there blood sugars. Date which meters cleaned 06/ 15/2022. . Administrator educated staff and residents that test their own blood sugars on importance of hygiene and blood borne pathogens from body fluids. Education will start on 07/01 2022.

Completion Date: 06/30/2022

Document Submission

Implemented

I the Administrator Cleaned the meters Immediately, While Inspectors were still there in facility (05/18/2022). I instructed my staff we will obtained the blood sugars readings are self because of the clients shaking from there medications or tremors. The Administrator will implement a plan (07/01/2022) for consumers can obtained there blood sugars. Date which meters cleaned 06/ 15/2022. . Administrator educated staff and residents that test their own blood sugars on importance of hygiene and blood borne pathogens from body fluids. Education will start on 07/01 2022.

132c - Fire Drill Records

1. Requirements

2600.  
132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The home's fire drill records for the drills conducted on 12/1/21, 1/14/22, 2/3/22, 3/26/22, 4/1/22 do not include the time of day that the fire drills took place. The date of the May 2022 fire drill is not able to be read on the home's fire drill record. Also, the time of day the fire drill was conducted is not included.

Repeated Violation - 12/19/19

132c - Fire Drill Records (continued)

Plan of Correction

Accept

The Administrator will Make sure Legible documentation can be read. Will also Include the time of day the fire drills took place. I will make sure Time Day are include. The Administrator will make sure legible documentation can be read . Will also include the time of day the fire drills took place. I will make sure time day are include. This will be conducted on June 13th 2022 (next Fire Drill).

Completion Date: 06/30/2022

Document Submission

Implemented

The Administrator will Make sure Legible documentation can be read. Will also Include the time of day the fire drills took place. I will make sure Time Day are include. The Administrator will make sure legible documentation can be read . Will also include the time of day the fire drills took place. I will make sure time day are include. This will be conducted on June 13th 2022 (next Fire Drill).

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 2’s medical evaluation, dated [redacted] does not indicate the resident’s height and weight. Also, the medication addendum is not completed and states, "see attached," however, there is no attachment to the evaluation.

Repeated Violation - 12/19/19

Plan of Correction

Accept

Residents 2 medical evaluation I the Administrator will take back to Doctors office have it updated on [redacted] with height and weight. I will also have addendum was updated on [redacted]. The Administrator will start to audit all records (starting 07/10/2022) to ensure all fields of the DME'S are completed by physician appropriately and no information is missing, The Administrator will ensure quality check of DME'S by physicians for all completeness.

Completion Date: 06/30/2022

Document Submission

Implemented

Residents 2 medical evaluation I the Administrator will take back to Doctors office have it updated on [redacted] with height and weight. I will also have addendum was updated on [redacted]. The Administrator will start to

141a 1-10 Medical Evaluation Information (continued)

audit all records (starting 07/10/2022) to ensure all fields of the DME'S are completed by physician appropriately and no information is missing, The Administrator will ensure quality check of DME'S by physicians for all completeness.

141b1 - Annual Medical Evaluation

1. Requirements

2600.

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

Description of Violation

Resident 1's most recent medical evaluation, dated [REDACTED] does not include if the resident has the ability to self-administer medications or the Medical Professional License Number. These sections of the evaluation are blank.

Resident 3's most recent medical evaluation, dated [REDACTED], does not indicate the resident's height. This section of the evaluation is blank.

Repeated Violation - 12/19/19

Plan of Correction

Accept

The Administrator will take Medical Evaluation back to Doctors office [REDACTED] have it correct with resident weight height on it. Will also have an addendum updated by [REDACTED] Administrator will be sure all fields of the DME;S are up and completed. The physician to be completed appropriately and no information missing. The Administrator will ensure quality checks on DME,S by physicians completeness starting [REDACTED].

Completion Date: 06/30/2022

Document Submission

Implemented

The Administrator will take Medical Evaluation back to Doctors office [REDACTED] have it correct with resident weight height on it. Will also have an addendum updated by [REDACTED]. Administrator will be sure all fields of the DME;S are up and completed. The physician to be completed appropriately and no information missing. The Administrator will ensure quality checks on DME,S by physicians completeness starting [REDACTED].

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

The home has not implemented procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons, in regard to residents' glucometers.

Resident 2's glucometer's time is off by 10 hours and 13 minutes. The following discrepancies were found between the resident's medication administration record (MAR) and the resident's glucometer:

05/17/2022- [REDACTED]  
05/11/2022- [REDACTED]

185a - Implement Storage Procedures (continued)

05/10/2022- [REDACTED]  
04/27/2022- [REDACTED]

The following discrepancies were found for Resident 4's MARs and the Glucometer readings:

[REDACTED]

Repeated Violation - 12/19/19

Plan of Correction

Accept

I the Administrator Had [REDACTED] come in from [REDACTED] Pharmacy Services to recalculate all meters time and date. 05/20/2022 I the Administrator I'm donning Audits weekly for 3 weeks. I am going to have staff sing the audits papers in which i will start on 07/01/2022 . I the Administrator I'M going to do audits once a month until problem is solve. I Administrator realizes this was a problem in which I had resolve with [REDACTED] help on 05/20/2022. Audits are beaning done monthly.

Completion Date: 06/30/2022

Document Submission

Implemented

I the Administrator Had [REDACTED] come in from [REDACTED] Pharmacy Services to recalculate all meters time and date. 05/20/2022 I the Administrator I'm donning Audits weekly for 3 weeks. I am going to have staff sing the audits papers in which i will start on 07/01/2022 . I the Administrator I'M going to do audits once a month until problem is solve. I Administrator realizes this was a problem in which I had resolve with [REDACTED] help on 05/20/2022. Audits are beaning done monthly.

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 4 is prescribed insulin, [REDACTED], 151-200=3 units, 201-250=6u 251-300=9 units 8 am, 12 pm, 5 pm; however, the home is not documenting how many units of insulin are given on the resident's medication administration record (MAR).

Repeated Violation - 12/19/19

## 187a - Medication Record (continued)

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

I the Administrator had [REDACTED] 05/20/2022 come from [REDACTED] Pharmacy Services To set are computer to be able to documented the blood sugar readings and also any amount of how many units of Insulin was given or not. The Glucometers were recalibrated. Education for measuring units was done by Administrator and [REDACTED] from Pharmacy on 06/04/2022.

**Completion Date:** 06/30/2022

**Document Submission****Implemented**

I the Administrator had [REDACTED] 05/20/2022 come from [REDACTED] Pharmacy Services To set are computer to be able to documented the blood sugar readings and also any amount of how many units of Insulin was given or not. The Glucometers were recalibrated. Education for measuring units was done by Administrator and Dan from Pharmacy on 06/04/2022.

## 187d - Follow Prescriber's Orders

**1. Requirements**

2600.

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

**Description of Violation**

Resident 4 is prescribed [REDACTED]

[REDACTED] however, the resident's blood glucose was not taken at 12 pm on 5/2/22.

Repeated Violation - 12/19/19

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

Administrator will do audits every week starting on 07/05/2022. I will also do audits every month until problem is solved. Administrator and [REDACTED] on June 06/04/2022 educated staff on the new system how to document readings site if insulin were given The Administrators will ensure compliance of records being added to the new system. will conducted audits weekly for three weeks starting 07/05/2022

**Completion Date:** 06/30/2022

**Document Submission****Implemented**

Administrator will do audits every week starting on 07/05/2022. I will also do audits every month until problem is solved. Administrator and [REDACTED] on June 06/04/2022 educated staff on the new system how to document readings site if insulin were given The Administrators will ensure compliance of records being added to the new system. will conducted audits weekly for three weeks starting 07/05/2022

## 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 3 was admitted to the home on [REDACTED] however, the resident's preadmission screening was not completed until [REDACTED]

224a - Preadmission Screen Form (continued)

Resident 4 was admitted to the home on [REDACTED] however, the resident's preadmission screening was not completed.

Repeated Violation - 12/19/19

**Plan of Correction**

**Accept**

The Administrator will write an addendum in Preadmission form for Resident 3. Administrator will continue to checked paperwork more carefully. Resident 4 I will write an addendum in preadmission paperwork and put a copy in chart, 06/30/2022 I the Administrator will make sure preadmissions Screening moving forward are accurate and completed in timely manner. 06/30/2022 this compliance will be implemented.  
Updated Time frame with directive from DHS: 07/22/2022.

Completion Date: 06/30/2022

**Document Submission**

**Implemented**

The Administrator will write an addendum in Preadmission form for Resident 3. Administrator will continue to checked paperwork more carefully. Resident 4 I will write an addendum in preadmission paperwork and put a copy in chart, 06/30/2022 I the Administrator will make sure preadmissions Screening moving forward are accurate and completed in timely manner. 06/30/2022 this compliance will be implemented.  
Updated Time frame with directive from DHS: 07/22/2022.