



pennsylvania

DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT

REQUESTED MAILING DATE: **DECEMBER 20, 2022**

Ms. Susan Jones, Owner
Susan Jones
111 Hydrangea Lane
Mt. Pleasant, Pennsylvania 15666

RE: Susan's Victorian Cottage
111 Hydrangea Lane
Mt. Pleasant, Pennsylvania 15666
License/COC #: 428901

Dear Ms. Jones:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on May 24, 2022, May 25, 2022, and September 1, 2022, of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby **REVOKES** your certificate of compliance (license number 428900) dated June 9, 2022 – June 9, 2023, and issues you a **FIRST PROVISIONAL** license to operate the above facility. A **FIRST PROVISIONAL** license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026 (b)(1) and 55 Pa. Code § 20.71(a)(2); (3); (4); (relating to conditions for denial, nonrenewal or revocation). Your **FIRST PROVISIONAL** license is enclosed and is valid from December 20, 2022 to June 20, 2023.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.


Pursuant to 62 P.S. 1085-1087 and 55 Pa. Code § 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

55 Pa. Code Chapter 2600	Class of Violation	Census at Inspection	Fine Per resident X Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
Section:					
25(b)	II	15	\$5	\$75	5 calendar days from mailing date of this letter

A fine will be assessed daily beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:


 Pennsylvania Department of Human Services
 Bureau of Human Services Licensing
 Room 631, Health and Welfare Building
 625 Forster Street
 Harrisburg, Pennsylvania 17120
 PH: 717-214-1304

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

Jamie F. Buchenauer

Jamie Buchenauer
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc:

[REDACTED]

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

Facility Information

Name: *SUSAN'S VICTORIAN COTTAGE* License #: *42890* License Expiration: *06/09/2023*
Address: *111 HYDRANGEA LANE, MT. PLEASANT, PA 15666*
County: *WESTMORELAND* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: *7244238706* Email: [REDACTED]

Legal Entity

Name: *SUSAN JONES*
Address: *111 HYDRANGEA LANE, MT. PLEASANT, PA, 15666*
Phone: *7244238706* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *04/03/1969* Issued By: *Dept L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *16* Waking Staff: *12*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *05/25/2022*

Inspection Dates and Department Representative

05/24/2022 - On-Site: [REDACTED]
05/25/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *16* Residents Served: *16*

Secured Dementia Care Unit

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

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *6* Are 60 Years of Age or Older: *14*
Diagnosed with Mental Illness: *7* Diagnosed with Intellectual Disability: *4*
Have Mobility Need: *0* Have Physical Disability: *1*

Inspections / Reviews

05/24/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/11/2022*

06/28/2022 - POC Submission

Submitted By: [REDACTED] s

Date Submitted: 06/24/2022

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 07/04/2022

07/25/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/19/2022

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 08/03/2022

11/29/2022 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/01/2022

Reviewer: [REDACTED]

Follow-Up Type: Enforcement

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

The influenza poster is not posted in a public and conspicuous place in the home in accordance with the Influenza Awareness Act, enacted in July 2016.

POC Submission

Accept

This home was not aware of the Influenza Poster requirement and has never had one in over 20 years of licensed operation. I located an Influenza Poster online at CDC.gov, printed it and posted it on the bulletin board. I added "Check Influenza Poster monthly" to the To Do List to assure an Influenza poster remains posted on the bulletin board.

Licensee's Proposed Overall Completion Date: 06/23/2022

Implemented [REDACTED] - 11/07/2022)

20b6 - Interest Bearing Account

2. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

6. If a home is holding more than \$200 for a resident for more than 2 consecutive months, the administrator shall notify the resident and offer assistance in establishing an interest-bearing account in the resident's name at a local Federally-insured financial institution. This does not include security deposits.

Description of Violation

The home holds money for multiple residents, including the following, whose fund balance did not fall below \$200 for more than 2 months:

- *resident #1, from 3/4/22 to 5/24/22*
- *resident #2, from 7/9/19 to 5/24/22*
- *resident #3, from 10/28/21 to 5/24/22*

However, the home has not notified the resident and offered assistance in establishing an interest-bearing account in the resident's name.

POC Submission

Directed

Resident #1 purchased [REDACTED] for \$92.94 and received cash which brought [REDACTED] balance to \$198.00

Resident #2 purchased [REDACTED] for \$107.76 and received cash which brought [REDACTED] balance to \$168.00

Resident #3 paid cash for part of [REDACTED] rent which brought [REDACTED] balance to \$170.00

The Administrator added "Check resident cash balances monthly" to the To Do List to assure all resident cash balances remain under \$200.00.

DIRECTED

Within 15 calendar days or receipt of the accepted plan of correction: The administrator shall complete an initial and monthly audit of all residents accounts to ensure all residents who have more that \$200.000 for two consecutive

20b6 - Interest Bearing Account (continued)

months have been notified by the administrator of the balance and offer assistance in establishing an interest-bearing account in the resident's name at a local Federally-insured financial institution. Documentation shall be kept. 7/20/22 [REDACTED]

Directed Completion Date: 06/23/2022

Licensee's Proposed Overall Completion Date: 8/9/22

Not Implemented [REDACTED] - 11/07/2022)

25b - Contract Signatures

3. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

Resident #4's resident-home contract, dated 2/27/22, is not signed by the resident.

REPEAT VIOLATION: 4/26/2021 et al

POC Submission

Directed

Again, all Resident #4's admission paperwork was signed by [REDACTED] POA/Payer. On 06/16/22 the resident signed all her required admission paperwork by each of [REDACTED] previous signatures. All future admission paperwork will always be signed by the resident.

DIRECTED

Within 5 calendar days or receipt of the accepted plan of correction: The administrator shall audit all current and newly completed resident contracts to ensure the required signatures are present. 7/20/22 [REDACTED]

Licensee's Proposed Overall Completion Date. 7/30/22

Nor Implemented [REDACTED] - 11/07/2022)

41e - Signed Statement

4. Requirements

2600.

41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

Description of Violation

Resident #4's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

POC Submission

Directed

All resident #4's admission paperwork was signed by [REDACTED] POA/Payee and copies were given. Resident #4 has now signed all [REDACTED] admission paperwork by [REDACTED] POA's signature and copies were provided to her. All future admission paperwork will now be signed by the resident in addition to any POA or Guardian desiring or required to sign and copies will be provided to both if so desired.

41e - Signed Statement (continued)

DIRECTED

Within 5 calendar days or receipt of the accepted plan of correction: The administrator shall provide resident #4 with a copy of the resident rights and complaint procedures and obtain the residents signed receipt. 7/20/22 [REDACTED]

Within 5 calendar days or receipt of the accepted plan of correction: The administrator shall review all current and new resident records to ensure the requirements of Regulation 2600.41(e) are met. 7/20/22 [REDACTED]

Licensee's Proposed Overall Completion Date. 7/30/22

Implemented [REDACTED] - 11/07/2022)

85a - Sanitary Conditions

5. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 5/24/22, there were no paper towels, mechanical blower, individual cloth towels or other sanitary means of hand drying in the following bathrooms:

- At 9:49 a.m., in the small bathroom across from room #2
- At 9:52 a.m., in the small shower room

POC Submission

Directed

This home has an on site septic disposal system and has frequently experienced back-ups due to flushing of non-flushable items especially paper towels. We discourage the use of paper towels. On admission, all residents are verbally informed and sign documentation on admission with instructions to always take the towel or wash cloth from the towel bar on their bedroom door to the bathroom with themselves to dry their hands. All residents also have constant access to a large supply of towels and washcloths in the nearby linen closet. All residents have been instructed to never flush paper towels but they do anyway. The Administrator purchased 2 electric hand blowers for these 2 bathrooms and is waiting for the electrician to visit to install them

DIRECTED

Within 15 calendar day of receipt of the accepted plan of correction: The administrator shall have the mechanical blow dryers installed and operational. 7/20/22 [REDACTED]

Within 15 calendar day of receipt of the accepted plan of correction: The administrator or designated staff person shall audit all bathrooms to ensure there are paper towels, a mechanical blower, individual cloth towels or other sanitary means of hand drying in each bathroom. Documentation of audits shall be kept. 7/20/22 [REDACTED]

Licensee's Proposed Overall Completion Date. 8/9/22

Not Implemented [REDACTED] - 11/07/2022)

86b - Bathroom

6. Requirements

2600.

86b - Bathroom (continued)

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

On 5/24/22, the ventilation fan in the bathroom next to room #9 was inoperable, and there was no window in the bathroom.

POC Submission

Accept

A new exhaust fan has been purchased and is available for installation when the maintenance person comes to install it. The Administrator has added "Check bathroom fan's operation monthly" to the To Do List to assure all fan's future operation. You will receive documentation when the new fan is installed.

Licensee's Proposed Overall Completion Date: 06/23/2022

Not Implemented (████) 11/07/2022)

89c - Testing Non-Public Water

7. Requirements

2600.

89.c. A home that is not connected to a public water system shall have a coliform water test at least every 3 months, by a Department of Environmental Protection-certified laboratory, stating that the water is below maximum contaminant levels. A public water system is a system that provides water to the public for human consumption, which has at least 15 service connections or regularly serves an average of at least 25 individuals daily at least 60 days out of the year.

Description of Violation

The home has not had a coliform water test since 5/10/21. The home is not connected to a public water source.

REPEAT VIOLATION: 4/26/2021 et al

POC Submission

Accept

I neglected to obtain quarterly water tests initially because the DEP office was closed for Covid. We always use bottled water and never drink our well water anyway. After our violation of 04/26/21, I searched forever and did locate an "approved" testing site, 60 miles away which cost 3 x our previous test prices. I never learned when our local DEP testing site reopened. It is now open and I drove there 1st to pick up test bottles, 2nd to deliver a rejected sample since it was delivered after 2 PM, and 3rd today to successfully deliver the water sample for testing. Now that the local DEP office is open we will resume obtaining quarterly water testing as we did before Covid. I will forward the test results when received.

Licensee's Proposed Overall Completion Date: 06/23/2022

Implemented (████) 11/07/2022)

96a - First Aid Kit

8. 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.

96a - First Aid Kit (continued)

Description of Violation

On 5/24/22, the first aid kit in the kitchen did not include a breathing shield.

POC Submission

Accept

6 CPR shields were ordered. One was added to the First Aid Kit and the others are being kept on hand for future needs. The Administrator has added "Check 1st Aid Kit monthly" to the To Do List to assure all required items remain inside.

Licensee's Proposed Overall Completion Date: 06/23/2022

Implemented (█) 11/07/2022)

101j7 - Lighting/Operable Lamp

9. Requirements

2600.

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

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

On 5/24/22 at 2:09 p.m., there was no operable lamp or other source of lighting that could be turned on/off at resident #2's bedside. The lamp was unplugged, and the cord could not extend to the outlet.

POC Submission

Accept

The bed and night stand were moved closer to the outlet and the lamp's cord is now plugged into the wall outlet. The lamp can be turned on by the resident. The Administrator added "Check all bedside lamp function monthly" to the To Do List to assure all lamps function.

Licensee's Proposed Overall Completion Date: 05/25/2022

Not Implemented (█) 11/07/2022)

102i - Soap Dispenser

10. Requirements

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

On 5/24/22, at 9:49 a.m., there was an unlabeled, used bar of soap in the small bathroom across from room #2.

POC Submission

Accept

A resident accidentally left █ perfumed bar of soap in this bathroom. It was removed on 05/24/22 and a pump bottle of hand soap is present on this sink.

The Administrator added "Check bathrooms to remove any bar soap monthly" to the To Do List and all staff and residents have been informed to never leave their bar soaps in bathrooms.

Licensee's Proposed Overall Completion Date: 05/24/2022

Implemented (█) - 11/07/2022)

109b - Rabies Vaccination

11. Requirements

2600.

109.b. Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

Description of Violation

On 5/24/22, a dog named [REDACTED] was present in the home; however, the home does not have a current certificate of rabies vaccination for the dog.

POC Submission

Accept

A staff person brought [REDACTED] little dog to work for resident enjoyment but brought no rabies vaccine documentation. Staff has been instructed to first obtain permission to bring the pet and to bring it's required rabies documentation before bringing any pet into the building. This pet's rabies documentation will be provided when obtained.

Licensee's Proposed Overall Completion Date: 06/23/2022

Implemented [REDACTED] 11/07/2022)

132c - Fire Drill Records

12. 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 fire drill record for the drill conducted in May 2022 does not include the exact day of the fire drill.

The fire drill records for the drills conducted on 1/14/22, 2/12/22, 3/9/22, 4/26/22, and 5/22 do not include the number of residents in the home.

POC Submission

Accept

I was unsure of the exact May date when I logged the May fire drill and failed to return to the log to document the date. A calendar has now been hung near the fire drill log. The home always evacuates every present resident with every drill and would always document if a resident refused to evacuate. The home will now log both the census number plus the number evacuated with every fire drill.

Licensee's Proposed Overall Completion Date: 06/23/2022

Implemented [REDACTED] 11/07/2022)

141a 1-10 Medical Evaluation Information

13. Requirements

2600.

141a 1-10 Medical Evaluation Information (continued)

- 141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
 4. Special health or dietary needs of the resident.
 5. Allergies.
 6. Immunization history.
 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
 8. Body positioning and movement stimulation for residents, if appropriate.
 9. Health status.
 10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

Resident #4's initial medical evaluation, dated [REDACTED] does not include the resident's temperature. This area of the form is blank.

POC Submission

Accept

This DME was completed by the doctor's office staff who drew a line in the temperature box. Apparently, a temperature wasn't taken. I added a temperature to the box beside the line that the doctor's office entered. (Regulation 2600. 141.a. does not specify a temperature requirement.) All DMEs will be examined for completeness when received. Future DMEs with missing information will be returned to the doctor for completion.

Licensee's Proposed Overall Completion Date: 06/23/2022

Implemented [REDACTED] 11/07/2022

183e - Storing Medications

14. 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

Resident #5 is prescribed Combigan [REDACTED] drops-Instill 1 drop into both e [REDACTED] twice daily. The medication was opened on 4/23/22 and expires 28 days after opening, in accordance with the manufacturer's instructions; however, the medication was present in the home.

POC Submission

Directed

This medication should have been discarded on 04/23 and a new bottle opened for use dated with it's expiration date. All staff has been re-educated on the importance of observing medication expiration dates, discarding expired medication and reordering when necessary. We depend on Health Direct Pharmacy to supply us with all our medication before they expire. Staff has been instructed to always check all expiration dates before administering.

DIRECTED

Within 15 calendar day of receipt of the accepted plan of correction: The administrator or designated staff person shall audit all medications monthly to ensure no medications are expired and all medications required to be dated are are dated when opened. Documentation of audits shall be kept. 7/25/22. [REDACTED]

Licensee’s Proposed Overall Completion Date. 8/9/22

183e - Storing Medications (*continued*)

Not Implemented [REDACTED] 11/07/2022)

185a - Implement Storage Procedures

15. 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 the following dates and times, resident #2's blood sugar readings on [REDACTED] glucometer did not match the blood sugar readings documented on the resident's May 2022 medication administration record (MAR):

<u>Date/time/blood sugar as indicated on the MAR</u>	<u>Glucometer reading</u>
5/7/22 5:00 p.m. 91	no reading
5/8/22 5:00 p.m. 108	no reading
5/14/22 8:00 a.m. 84	82
5/15/22 8:00 a.m. 76	73
5/21/22 5:00 p.m. 110	no reading
5/22/22 5:00 p.m. 168	no reading

POC Submission**Accept**

I have no explanation why these 4 glucose readings were not taken or documented.

4 seem to be falsified because we never share monitors. The staff person who documented 2 incorrect readings told me that [REDACTED] failed to write down the readings when [REDACTED] took them and later documented them from memory but were incorrect.

All staff has been instructed on the importance of timely glucose monitoring and accurate documentation. We never had the problem of sharing of our 3 diabetic's 3 different types of monitors each plainly labeled with the resident's names. Administrator will monitor documentation of Glucose monitoring monthly.

Licensee's Proposed Overall Completion Date: 06/23/2022

Implemented [REDACTED] - 11/07/2022)

185b - Medication Procedures

16. Requirements

2600.

185.b. At a minimum, the procedures must include:

1. Documentation of the receipt of controlled substances and prescription medications.
2. A process to investigate and account for missing medications and medication errors.
3. Limited access to medication storage areas.
4. Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive medication administration services or assistance with self-administration. This requirement does not apply to a resident who self-administers medication without the assistance of a staff person and stores the medication in his room.

Description of Violation

The home's Controlled Substance Accountability Policy indicates, "When assisting with administration, the number shall be noted on the Controlled Medications Record. Each shift will count the medication with the oncoming shift to ensure that all medication is accounted for."

185b - Medication Procedures (continued)

Resident #6 is prescribed lorazepam 0.5mg tablet-Take one tablet by [REDACTED] at bedtime and one tablet as needed during the daytime. On 5/24/22, the home's narcotic count sheet indicated there should be 4 tablets remaining; however, only 3 tablets were present.

POC Submission

Accept

I asked staff for an explanation for this missing Ativan and was told that the new supply began with the same date as the last dose of the previous supply and the duplicate dated one was discarded. Staff should have notified the Administrator and the pharmacy to correct the count. We haven't had a missing controlled drug for years and staff was re-instructed on the importance of accurate shift counts, reporting incorrect counts and maintaining correct controlled substance records at all times. Administrator will check controlled substance counts monthly

Licensee's Proposed Overall Completion Date: 06/23/2022

Implemented [REDACTED] - 11/07/2022)

187d - Follow Prescriber's Orders

17. Requirements

- 2600.
- 187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #2 is prescribed blood glucose checks 4 times daily; however, the resident's blood glucose is only being checked twice daily, and it was only checked once daily on 5/6/22, 5/13/22, and 5/20/22.

REPEAT VIOLATION: 4/26/2021 et al

POC Submission

Directed

Unsure how the inspector obtained incorrect information but Resident #2 has been ordered Twice A Day Glucose monitoring for several years. Maybe the resident was on an outing those 3 Fridays when testing wasn't documented. Staff has been instructed to always provide on time glucose monitoring and accurate documentation. Last month this resident's blood glucose testing was changed to Once Daily at 8 AM.

DIRECTED

Within 15 calendar day of receipt of the accepted plan of correction: The administrator shall audit medication for each staff person administering medication once a week for a month to ensure all medications are administered as prescribed. 7/25/22 [REDACTED]

Licensee's Proposed Overall Completion Date. 8/9/22

Implemented [REDACTED] 11/07/2022)

191 - Resident Right to Refuse

18. Requirements

- 2600.
- 191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

191 - Resident Right to Refuse (continued)

Description of Violation

There is no documentation that resident #4, admitted [REDACTED] has been educated on the resident's right to refuse medication if the resident believes that there may be a medication error.

POC Submission**Directed**

Resident #4 was verbally instructed, and the explanatory documents were read to [REDACTED] on admission, informing [REDACTED] to always look at [REDACTED] meds, learn their appearance and question staff if the meds are unfamiliar or [REDACTED] thinks they are not [REDACTED] #4's POA signed all the admission documentation for this resident in [REDACTED] presence. On 06/16/22 Resident #4 signed all [REDACTED] original paperwork by [REDACTED] POA's previous signature and was given copies. [REDACTED] also received additional verbal instruction on [REDACTED] right to question or refuse a possible med error and [REDACTED] verified [REDACTED] understanding verbally. Future residents will always be required to sign their own admission paperwork including their right to refuse or question meds and copies given.

DIRECTED

Within 15 calendar day of receipt of the accepted plan of correction: The administrator shall audit all current resident records to ensure compliance with Regulation 2600.191. 7/25/22 [REDACTED]

Licensee's Proposed Overall Completion Date. 8/9/22

Not Implemented [REDACTED] - 11/07/2022)

225a - Assessment 15 Days

19. 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 #4's initial assessment, dated [REDACTED] does not include an assessment of the resident's hobbies/activities, solitary activities, group activities, and reason does not participate in solitary or group activities. These sections of the form indicate "NA".

Resident #5's initial assessment, dated [REDACTED] does not include an assessment of the resident's group activities and reason does not participate in solitary or group activities. These sections of the form indicate "NA".

REPEAT VIOLATION: 4/26/2021 et al

POC Submission**Directed**

Resident #4's RASP was updated to include [REDACTED] hobbies, activities and [REDACTED] enjoyment of all group activities. Resident #5's RASP was updated to include [REDACTED] solitary activities which [REDACTED] does enjoy. [REDACTED] does not participate in any group activities and is very much a [REDACTED] [REDACTED] has never spoken a word to any other resident, even at the dining table. [REDACTED] is partially blind but I do not know his reasons for solitude. [REDACTED] even refused to attend our Elvis Impersonator musical entertainment last month although [REDACTED] does enjoy music and listening to [REDACTED] radio. We will continue to encourage interaction with other residents and encourage [REDACTED] attendance at all activities. [REDACTED] even refused to attend our singer, guitar, banjo player event on June 30. The Administrator will interview and question all residents to learn their hobbies, interests, etc to assure their RASPs contain accurate information.

225a - Assessment 15 Days (continued)

DIRECTED

Within 15 calendar day of receipt of the accepted plan of correction: The administrator shall audit all resident records to ensure there is a current, accurate, and complete resident assessment in each resident record. 7/25/22

Licensee's Proposed Overall Completion Date. 8/9/22

Implemented 11/07/2022

225c - Additional Assessment

20. Requirements

2600.

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

- 1. Annually.

Description of Violation

Resident #2's most recent assessment, dated [redacted] does not include the diagnosis of hypertension as indicated on the resident's most recent medical evaluation, dated [redacted]

Resident #6's most recent assessment, dated [redacted] does not include the diagnosis of major depressive disorder as indicated on the resident's most recent medical evaluation, dated [redacted]

POC Submission

Directed

Resident #2's diagnosis of [redacted] was added to [redacted] RASP on 05/25/02

Resident #6's diagnosis of [redacted] replaced [redacted] diagnosis of [redacted] The Administrator will examine all doctor visit documents for any new diagnosis and examine all RASPs to add any new diagnosis for each resident.

DIRECTED

Within 15 calendar day of receipt of the accepted plan of correction: The administrator shall audit all resident records to ensure there is a current, accurate, and complete resident assessment in each resident record. 7/25/22

Licensee's Proposed Overall Completion Date. 8/9/22

Not Implemented 11/07/2022

227c - Support Plan Revision

21. Requirements

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

Resident #2's most recent support plan, dated [redacted] indicates "NA" in the summary of the resident's overall wellness.

Resident #4's assessment, dated [redacted] indicates the resident's religious affiliation is [redacted] however, the resident's support plan, dated [redacted] indicates "NA" for the plan to meet the social and recreational need, and the summary of the resident's overall wellness indicates "NA".

Resident #5's assessment, dated [redacted] indicates the resident's religious affiliation is [redacted] however, the

227c - Support Plan Revision (continued)

resident's support plan, dated 6/16/21, indicates "NA" for the plan to meet the social and recreational need, and the summary of the resident's overall wellness indicates "NA".

Resident #6's most recent assessment, dated [REDACTED], indicates a diagnosis of [REDACTED] however, the resident's most recent support plan indicates "NA" in the plan to meet the medical need. Also, the resident was ordered a pureed diet, dated [REDACTED] however, this is not indicated on the resident's support plan.

POC Submission

Directed

Resident #2's RASP was updated with a summary of [REDACTED] overall wellness.

Resident #4's RASP was updated to include [REDACTED] religious activity desires, plans to meet his social and recreational needs and a summary of his overall wellness.

Resident #6's RASP was updated to include a plan for [REDACTED] medical needs and [REDACTED] new pureed diet. The software adds these N/As to blank boxes which must always be addressed by the assessor. The Administrator will always complete all relevant RASP categories.

DIRECTED

Within 15 calendar day of receipt of the accepted plan of correction: The administrator shall update resident #5's support plan. 7/25/22 [REDACTED]

Within 15 calendar day of receipt of the accepted plan of correction: The administrator shall audit all resident records to ensure there is a current, accurate, and complete support plan in each resident record. 7/25/22 [REDACTED]

Licensee's Proposed Overall Completion Date. 8/9/22

Implemented [REDACTED] - 11/07/2022)