

Department of Human Services
Bureau of Human Service Licensing

September 8, 2022

[REDACTED]

RE: THE LANDING AT TOWAMENCIN
900 TOWAMENCIN AVENUE
LANSDALE, PA, 19446
LICENSE/COC#: 14533

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/26/2022 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: *THE LANDING AT TOWAMENCIN* License #: *14533* License Expiration: *01/21/2023*
 Address: *900 TOWAMENCIN AVENUE, LANSDALE, PA 19446*
 County: *MONTGOMERY* Region: *SOUTHEAST*

Administrator

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

Legal Entity

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

Certificate(s) of Occupancy

Type: *I-1* Date: *09/24/2019* Issued By: *Towamencin Township*
 Type: *I-2* Date: *09/24/2019* Issued By: *Towamencin Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *116* Waking Staff: *87*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *05/26/2022*

Inspection Dates and Department Representative

05/26/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *144* Residents Served: *78*

Secured Dementia Care Unit

In Home: *Yes* Area: *Opal* Capacity: *59* Residents Served: *34*

Hospice

Current Residents: *8*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *77*
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *38* Have Physical Disability: *2*

Inspections / Reviews

05/26/2022 - Partial

Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow Up Date: *06/18/2022*

Inspections / Reviews (*continued*)

06/23/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *06/28/2022*

06/28/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *07/18/2022*

09/08/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

42c - Treatment of Residents

1. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On [REDACTED]/22 at [REDACTED] pm, Staff members A and B were called to assist staff member C in resident #1's room. Resident #1 was on the floor stating, "[REDACTED]". Staff attempted to assist Resident #1 into the bed, but as the resident became combative staff moved the resident to the wheelchair.

Staff member A expressed to Staff members B and C that the resident should be in the [REDACTED] and suggested that they move the resident to that [REDACTED]. Staff member B was in agreement, however, Staff member C reminded the staff that the resident would have to be formally admitted to that [REDACTED]. Resident #1 lives in the [REDACTED].

During the resident's combative interactions with staff, Staff member A was very verbal abusive towards resident #1 and was yelling in the resident's face: "[REDACTED]". Staff member A also said to the resident [REDACTED]

Plan of Correction**Directed**

Staff Member B reported Staff Member A's verbal abuse of Resident #1 to supervisors at the community who immediately suspended Staff Member A, protecting Resident #1 and other residents from potential mistreatment. The incident was reported to the [REDACTED] by the community. Following an investigation of the allegations by community supervisors, Staff Member A's employment was terminated. Investigation findings concluded that Staff Member C was no longer present at the time Staff Member A verbally abused Resident #1.

The General Manager has conducted an in-service training for all staff to ensure they recognize potential abuse and mistreatment of residents and the company's policies related to standards of conduct, and reporting/documentation of occurrences.

New staff receive training on these topics as part of the community's onboarding training programs and periodically as part of the community's continuing education programs.

The General Manager will ensure staff complete training requirements and will continue to monitor/respond to incident reports and verbal reports of staff conduct issues on an ongoing basis. All supervisors/staff will make observations of routine interactions between staff and residents to ensure staff are treating residents with dignity and respect.

Directed Plan of Correction 6/28/22 CM:

Starting Immediately, the General Manager shall monitor/respond to incident reports and verbal reports of staff conduct issues at least weekly. Audits shall be maintained for [REDACTED] review.

Starting immediately, Supervisors shall monitor staff interactions at least twice per week and document monitoring for [REDACTED] review.

Completion Date: 06/30/2022**Document Submission****Implemented**

Staff Member B reported Staff Member A's verbal abuse of Resident #1 to supervisors at the community who immediately suspended Staff Member A, protecting Resident #1 and other residents from potential mistreatment. The incident was reported to the [REDACTED] by the community. Following an investigation of the allegations by community supervisors, Staff Member A's employment was terminated. Investigation findings concluded that Staff Member C was no longer present at the time Staff Member A verbally abused Resident #1.

The General Manager has conducted an in service training for all staff to ensure they recognize potential abuse

42c - Treatment of Residents (continued)

and mistreatment of residents and the company's policies related to standards of conduct, and reporting/documentation of occurrences.

New staff receive training on these topics as part of the community's onboarding training programs and periodically as part of the community's continuing education programs.

The General Manager will ensure staff complete training requirements and will continue to monitor/respond to incident reports and verbal reports of staff conduct issues on an ongoing basis. All supervisors/staff will make observations of routine interactions between staff and residents to ensure staff are treating residents with dignity and respect.

In accordance with the operating standards established for the community, the General Manager is responsible for completing a daily walk-through of the community and attending the main meal in all dining venues when present in the building. Community supervisors receive safety observation training that emphasizes making continuous observations of staff as the supervisor moves throughout the community. In combination, the General Manager and supervisors observe and learn about employees and how they do their job, including how they interact with residents. In addition to correcting, coaching and complimenting employees immediately, these observations are included in employee performance appraisals, which are conducted and documented at least annually.

Incident reports are entered into the community's electronic documentation platform which has been set to send the General Manager and Health and Wellness Director immediate notifications. All incident reports are to be reviewed within 24 hours, however, as of 06/20/22, the platform has been modified to include suspected or observed abuse as "sentinel events", which require immediate action.

Directed Plan of Correction 6/28/22 CM:

Starting Immediately, the General Manager shall monitor/respond to incident reports and verbal reports of staff conduct issues at least weekly. Audits shall be maintained for [REDACTED] review.

Starting immediately, Supervisors shall monitor staff interactions at least twice per week and document monitoring for [REDACTED] review.

See "Supervisor Observation of Routine Interactions" form

42x - Safeguard**1. Requirements**

2600.

42.x. A resident has the right to a system to safeguard a resident's money and property.

Description of Violation

Resident #2 requested the home's assistance in locating a set of missing hearing aids. Staff member C assisted resident #2 with the search. Resident #2 reported that this is the 2nd pair of hearing aids that have disappeared. Resident #2 stated hearing aids were placed next to the microwave every night before going to bed. Resident #2 is concerned about hearing aids because the hearing aids are an expensive purchase. The home failed to provide a system for safeguarding the resident's belongings.

Plan of Correction**Directed**

Community staff have completed an incident report to document the reported loss of resident property and will continue to monitor for resolution with the goal of locating the property. Community staff will discuss Resident's

42x - Safeguard (continued)

needs and preferences to identify measures to address Resident's hearing impairment and use of assistive devices. Resident has been assessed as being independent with caring for personal possessions. Resident was issued keys to the private apartment upon move in and is responsible for locking the apartment door. In accordance with §2600.252 (18), Resident may voluntarily declare and update an inventory of personal property. Community staff will request Resident complete a current inventory of personal property. Should Resident report items missing, community staff will follow the reporting, documentation and investigation standards, including reviewing which staff had access to the apartment. Resident will also be offered services to verify/document placement of hearing aids each evening and in the morning if devices are located and/or replaced. Staff will verify whether Resident locks the apartment door when providing services to the apartment and through observation of others accessing the apartment. Should documentation indicate ongoing property losses and/or door security inconsistencies, Resident's assessment and support plan may require revision.

Representatives from the corporate office have provided training to the General Manager regarding personal property loss or damage procedures. The General Manager will provide training to all staff related to properly safeguarding all residents' personal property.

The General Manager will monitor documentation of reported losses and conduct investigations/make reports as required and include reviews in the community's quality management processes.

Directed Plan of Correction 6/28/22 CM:

Starting immediately, the General Manager shall monitor reports of loss and conduct at least weekly. Documentation of monitoring shall be provided to the [REDACTED]

Completion Date: 06/30/2022

Document Submission**Implemented**

Community staff have completed an incident report to document the reported loss of resident property and will continue to monitor for resolution with the goal of locating the property. Community staff will discuss Resident's needs and preferences to identify measures to address Resident's hearing impairment and use of assistive devices. Resident has been assessed as being independent with caring for personal possessions. Resident was issued keys to the private apartment upon move in and is responsible for locking the apartment door. In accordance with §2600.252 (18), Resident may voluntarily declare and update an inventory of personal property. Community staff will request Resident complete a current inventory of personal property. Should Resident report items missing, community staff will follow the reporting, documentation and investigation standards, including reviewing which staff had access to the apartment. Resident will also be offered services to verify/document placement of hearing aids each evening and in the morning if devices are located and/or replaced. Staff will verify whether Resident locks the apartment door when providing services to the apartment and through observation of others accessing the apartment. Should documentation indicate ongoing property losses and/or door security inconsistencies, Resident's assessment and support plan may require revision.

Representatives from the corporate office have provided training to the General Manager regarding personal property loss or damage procedures. The General Manager will provide training to all staff related to properly safeguarding all residents' personal property.

The General Manager will monitor documentation of reported losses and conduct investigations/make reports as required and include reviews in the community's quality management processes.

The community's reporting and documentation policies require that all reported losses be documented, including the "stated" worth of the item, and investigated within 24 hours. The General Manager is responsible for determining

42x - Safeguard (continued)

and documenting appropriate actions and resolutions for each reported occurrence into the community's electronic documentation platform based on the investigative findings. While the General Manager may make a determination to "close" an investigation and document it as unresolved, if an item is later recovered, or there are new findings, it will be documented as an update to the report.

In addition to reviewing each reported loss as it occurs, the General Manager and Health and Wellness Director are responsible for reviewing reporting "dashboards" to identify pertinent recurrences or trends that may need to be addressed or require additional investigation. In accordance with the operating standards established for the community, the General Manager is responsible for scheduling weekly 1:1 meetings with each Department Head. The weekly agenda templates for the Health and Wellness Director and Opal Manager include a review of incidents and, effective immediately, will be used to document discussions, conclusions, action items and person responsible for actionable conclusions.

Directed Plan of Correction 6/28/22 CM:

Starting immediately, the General Manager shall monitor reports of loss and conduct at least weekly. Documentation of monitoring shall be provided to the [REDACTED]

Please see "Weekly Loss Reports/Incident Reports" form attached.

In addition to the Abuse Training, we included our Risk Management (RM-5) policy highlighting Reportable Incidents including Theft/Lost Items procedures; our Resident Grievance Policy (RM-8) on how to communicate grievances via verbally or in written format; and our Residents' Rights Policy (Addendum H) highlighting #25 regarding safeguarding money and/or property.

51 - Criminal Background Check**1. Requirements**

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff member A hired on [REDACTED]/2021, does not have a criminal background check on file.

Staff member B hired through a [REDACTED] on [REDACTED]/2022, does not have a criminal background check on file.

Plan of Correction**Directed**

Staff Member A's employment has been terminated. The community has obtained a copy of Staff Member B's criminal background check from Staff Member B's employer.

The community may provisionally employ an individual in accordance with the Older Adult Protective Services Act. Onboarding Checklists have been created for use at the community to monitor the timelines and completion of required items for both employees and agency staff. The General Manager is responsible for reviewing new employee/agency staff files within 30 days to ensure the conditions of employment have been met. The General Manager is responsible for removing any staff member from the work schedule if the conditions of employment are

51 - Criminal Background Check (continued)

not met.

Directed Plan of Correction 6/28/22 CM:

Starting immediately, prior to an employee working in the home, the General Manager will review the staff file to ensure that a criminal background check and FBI Fingerprint response, if applicable, is present in the employee's record.

By 7/5/22, the General Manager shall review all current employee records to ensure that a criminal background check and FBI fingerprint background response, if applicable, is present in the employee's record.

Completion Date: 06/30/2022

Document Submission**Implemented**

Staff Member A's employment has been terminated. The community has obtained a copy of Staff Member B's criminal background check from Staff Member B's employer.

The community may provisionally employ an individual in accordance with the Older Adult Protective Services Act. Onboarding Checklists have been created for use at the community to monitor the timelines and completion of required items for both employees and agency staff. The General Manager is responsible for reviewing new employee/agency staff files within 30 days to ensure the conditions of employment have been met. The General Manager is responsible for removing any staff member from the work schedule if the conditions of employment are not met.

Directed Plan of Correction 6/28/22 CM:

Starting immediately, prior to an employee working in the home, the General Manager will review the staff file to ensure that a criminal background check and FBI Fingerprint response, if applicable, is present in the employee's record.

The Department Head responsible for supervising/onboarding agency staff (Health and Wellness Director or Opal Manager) will review each agency person's credentials prior to their first day of work at the community to ensure the employer has completed the criminal background check process for the individual.

For non-agency staff, the hiring Department Head (Health and Wellness Director or Opal Manager) will determine if the applicant has held permanent residency in a state other than Pennsylvania within the past two years and request the appropriate criminal background checks from the Pennsylvania State Police and FBI on or before the first day of work. The Onboarding Checklist specifies the criminal background check be requested as part of the 1st day paperwork appointment and requires the hiring Department Head's or Business Office Manager's initials. Should the request not be completed on the 1st day of employment, the hiring Department Head will remove the individual from the work schedule.

The hiring Department Head (Health and Wellness Director or Opal Manager) is responsible for actively monitoring the progress and completion of the Onboarding Checklist and maintaining an awareness as to whether the results of the criminal background check have been received to ensure adequate staffing levels are maintained.

The General Manager is responsible for scheduling weekly 1:1 meetings with each Department Head. The agenda template specifies a staffing review, including a review of training needs for the [REDACTED] and, effective immediately, will include a review of each new employee's Onboarding Checklist. The agenda template will be used to document discussions, conclusions, action items, person responsible and deadlines.

Note: the community does not utilize volunteers.

51 - Criminal Background Check (continued)

By 7/5/22, the General Manager shall review all current employee records to ensure that a criminal background check and FBI fingerprint background response, if applicable, is present in the employee's record.

All employee files have been reviewed and have a criminal background check and FBI fingerprint record if applicable.

Staff member B was an agency staff member who is no longer contracted with the Landing at Towamencin. Please see GM review of new employee files.

Please see the attached documents (POC #51 Review of all EE Files) and (POC #51 New EE Files Qualifications). Thank you.

54a - Direct Care Staff

1. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person A, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Directed

The Department Head responsible for hiring direct care staff (Health and Wellness Director and/or Opal Manager) shall screen all candidates for their qualification using the Employment Application and verifying required documentation prior to submitting a candidate to the General Manager for hiring approval. The General Manager will not authorize the hiring of any direct care staff who do not meet the qualification requirements for the position.

Directed Plan of Correction 6/28/22 CM:

By 7/5/22, the General Manager shall review all current direct care staff records to ensure that qualifications meeting the requirements of 2600.54 is present in the employee's record.

Completion Date: 06/30/2022

Document Submission

Implemented

The Department Head responsible for hiring direct care staff (Health and Wellness Director and/or Opal Manager) shall screen all candidates for their qualification using the Employment Application and verifying required documentation prior to submitting a candidate to the General Manager for hiring approval. The General Manager will not authorize the hiring of any direct care staff who do not meet the qualification requirements for the position.

The violation for staff person A cannot be corrected and staff person A's employment has been terminated. Under the oversight of the General Manager, the hiring Department Managers and Business Office Manager conducted an audit of current employee files to ensure that they contain all required education requirements. If an employee's file was found to be deficient, it cannot be corrected. A note to that effect was placed in the file and the employee was removed from providing service to residents until the training was completed.

54a - Direct Care Staff (continued)

The audit was completed on 07/05/2022.

Directed Plan of Correction 6/28/22 CM:

By 7/5/22, the General Manager shall review all current direct care staff records to ensure that qualifications meeting the requirements of 2600.54 is present in the employee's record.

All direct care staff meet the qualifications of 2600.54 and documentation is present in employee files.

The General Manager reviewed all current direct care staff records for qualifications meeting the requirements of 2600.54 and are present in the employee's record (Please see attached POC #54). We have identified four DCS without documentation on file for the Direct Care Staff Personal Training. We have contacted the four employees and will provide copies of the competency test upon request.

65a - FS Orientation 1st Day**1. Requirements**

2600.

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

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

Description of Violation

Staff member B, whose first day of work was [REDACTED]/22, did not receive orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services.

Plan of Correction**Directed**

Staff Member B was assigned to the community by a staffing agency. In accordance with staffing agency agreements, staff assigned to the community are to ensure the staff person receives a copy of the community's Agency Worker Handbook orientation prior to arriving at the community.

Upon arrival at the community, the hiring manager and/or designee will use the Staffing Agency Onboarding Checklist to verify pre-assignment items completed by the agency and complete the 1st Day Orientation items. In tandem, the Handbook and Orientation include the required first day items for direct care staff.

The hiring manager will not permit a direct care staff person (employee or agency staff) to continue to perform job duties if the required first day orientation items are not completed.

The General Manager will review all staff records for new employees to ensure conditions of employment have been met within the required timeframes.

65a - FS Orientation 1st Day (continued)

Staff Member B has completed the required first day orientation for direct care staff. A note will be included in this individual's record as the deficient date of completion cannot be corrected.

Directed Plan of Correction 6/28/22 CM:

By 7/15/22, the General Manager shall review all training records for staff hired within the past year to ensure all direct care staff persons including ancillary staff persons, substitute personnel and volunteers have completed an orientation in general fire safety and emergency preparedness in accordance with regulation 2600.65(a) including, evacuation procedure; staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable. Documentation of the training shall be kept in the employee's record.

Within 30 days of receipt of the accepted plan of correction, all staff persons involved in the hiring and retention of staff shall be educated on the home's policy and procedures for new staff person training including the requirements of regulation 2600.65(a). Documentation of education shall be provided to the [REDACTED]

Completion Date: 06/30/2022

Document Submission**Implemented**

Staff Member B was assigned to the community by a staffing agency. In accordance with staffing agency agreements, staff assigned to the community are to ensure the staff person receives a copy of the community's Agency Worker Handbook orientation prior to arriving at the community.

Upon arrival at the community, the hiring manager and/or designee will use the Staffing Agency Onboarding Checklist to verify pre-assignment items completed by the agency and complete the 1st Day Orientation items. In tandem, the Handbook and Orientation include the required first day items for direct care staff.

The hiring manager will not permit a direct care staff person (employee or agency staff) to continue to perform job duties if the required first day orientation items are not completed.

The General Manager will review all staff records for new employees to ensure conditions of employment have been met within the required timeframes.

Staff Member B has completed the required first day orientation for direct care staff. A note will be included in this individual's record as the deficient date of completion cannot be corrected.

The Agency Worker handbook identifies the community's smoking and telephone use policies and safety procedures related to the expectation for all individuals to work in a safe manner and comply with policies and training.

The Staffing Agency Orientation checklist is used to ensure and document the agency worker receives the community's 1st Day items required in §65a and listed below:

- Community Job Description reviewed, signed/dated, copy given to worker
- Provide Staffing Agency Orientation; worker to review and complete acknowledgement
- Conduct tour of community identifying all safety elements identified in Staffing Agency Orientation:

Floor Plans Electrical Shutoffs Evacuation Routes

Fire Alarm Pull Stations Domestic Water Shutoffs Fire Alarm Enunciator Panel

Fire Door Locations Fire Sprinkler Shutoffs E-Call System Components

Fire Extinguishers Gas Shutoffs Gloves

First Aid Kits/CPR Masks/AED Smoke Detectors Eye Wash Stations

Emergency Supplies Stairwell Exits SDS Stations

Emergency Procedures Manual Hood Suppression System Wet Floor Signs

65a - FS Orientation 1st Day (continued)

Reporting Abuse Poster Resident Rights Poster Other:

- *Review worker's role should an apartment smoke detector/building alarm activate*
- *Receipt of Staffing Agency Handbook Statement of Understanding*
- *Review Photo Video and Testimonial Policy*
- *Orientation to electronic record and documentation platform*
- *Orientation to key control practices*
- *Orientation to communication devices/practices (radios, e-call system, etc.)*
- *Orientation to Medication Services Policies/Procedures*
- *Food Handling training if required/applicable*

The hiring Department Head (Health and Wellness Director or Opal Manager) is responsible for ensuring all items on the checklist are completed prior to scheduling agency staff to work on the floor. Training and orientation will be conducted by the hiring Department Head or qualified designee.

The General Manager is responsible for scheduling weekly 1:1 meetings with each Department Head. The agenda template includes a staffing review, including a review of training needs for the [REDACTED] and, effective immediately, will include a review of each new employee's Onboarding Checklist. The agenda template will be used to document discussions, conclusions, action items, person responsible and deadlines.

Directed Plan of Correction 6/28/22 CM:

By 7/15/22, the General Manager shall review all training records for staff hired within the past year to ensure all direct care staff persons including ancillary staff persons, substitute personnel and volunteers have completed an orientation in general fire safety and emergency preparedness in accordance with regulation 2600.65(a) including, evacuation procedure; staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable. Documentation of the training shall be kept in the employee's record.

Within 30 days of receipt of the accepted plan of correction, all staff persons involved in the hiring and retention of staff shall be educated on the home's policy and procedures for new staff person training including the requirements of regulation 2600.65(a). Documentation of education shall be provided to the [REDACTED]

*Please see attached (POC #65a) that is our training for all staff including DCS Staff.
Please see 2600.65a training attached*

Unable to produce documentation for Staff Member B as the individual was from a third party care agency who is no longer employed by the community or the agency.

65b - Rights/Abuse 40 Hours**1. Requirements**

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.

65b - Rights/Abuse 40 Hours (continued)

2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

Description of Violation

Staff person B completed his/her 40th scheduled work hour on [REDACTED]/2022. However, this staff person did not complete training in the following topics: resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), reporting of reportable incidents and conditions.

Plan of Correction**Directed**

Staff Member B has completed the required rights and other training specified in this rule. A note will be included in this individual's record as the deficient date of completion cannot be corrected.

Using the onboarding tools referenced in 65a above, the hiring manager will ensure staff receive the required training within the first 40 hours of work and the General Manager will review all staff records for new employees to ensure conditions of employment have been met within the required timeframes.

Directed Plan of Correction 6/28/22 CM:

By 7/15/22, all staff persons involved in the hiring and retention of staff will be educated on the home's policy and procedures for new staff person training including the requirements of regulation 2600.65(b). Documentation of education will be kept.

Completion Date: 06/30/2022

Document Submission**Implemented**

Staff Member B has completed the required rights and other training specified in this rule. A note will be included in this individual's record as the deficient date of completion cannot be corrected.

Using the onboarding tools referenced in 65a above, the hiring manager will ensure staff receive the required training within the first 40 hours of work and the General Manager will review all staff records for new employees to ensure conditions of employment have been met within the required timeframes.

Directed Plan of Correction 6/28/22 CM:

By 7/15/22, all staff persons involved in the hiring and retention of staff will be educated on the home's policy and procedures for new staff person training including the requirements of regulation 2600.65(b). Documentation of education will be kept.

As part of a new employee's 1st Day paperwork appointment, the Onboarding Checklist identifies the employee is to be provided a copy of their work schedule, which will identify the date/time the employee is scheduled to attend the new employee orientation that includes the required items in §65b. The "Other Initial Items" section of the Onboarding Checklist includes a time to identify a "Date/Time" that New Employee Orientation is scheduled for the employee. The hiring Department Head (Health and Wellness Director or Opal Manager) is responsible for ensuring the work schedule and Onboarding Checklist identify a Date/Time that is within the first 40 scheduled working hours.

The General Manager is responsible for scheduling weekly 1:1 meetings with each Department Head. The agenda template includes a staffing review, including a review of training needs for the [REDACTED] and, effective immediately, will include a review of each new employee's Onboarding Checklist. The agenda template will be

65b - Rights/Abuse 40 Hours (continued)

used to document discussions, conclusions, action items, person responsible and deadlines.

Please see "Abuse" training attached

Unable to produce documentation for Staff Member B as the individual was from a third party care agency who is no longer employed by the community or the agency.

225c - Additional Assessment

1. Requirements

2600.

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

- 2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident 1's assessment, dated [REDACTED]/21, does not include the resident's recent development of combative behavior and episodes of agitation.

Plan of Correction

Accept

The Health and Wellness Director will implement a Temporary Service Plan to immediately address and respond to new behaviors and report behavior changes to Resident #1's health care practitioner for evaluation. Resident #1's responsible party will also be included in the provisions of the Temporary Service plan and communication with the health care practitioner. Resident #1 will be asked to participate to the extent Resident #1 is willing/able to participate.

Should it be determined that the new behaviors are not transient (i.e., an infection or side effect), the Health & Wellness Director will conduct a change of condition assessment and revise the support plan.

Representatives from the corporate office have provided training to the General Manager regarding incident reporting and documentation of resident behavior changes, the use of Temporary Service Plans, and change of condition reporting, assessments and support plan changes. The General Manager will provide training to all staff related to properly documenting behavior incidents in the community's electronic platform. The electronic platform is set to notify the General Manager and Health and Wellness Director of documented incidents upon completion. The General Manager and Health and Wellness Director are responsible for investigating incidents within 24 hours and taking appropriate action.

The General Manager and representatives from the corporate office will provide additional training on these processes to the Health and Wellness Director.

Completion Date: 06/24/2022

Document Submission

Implemented

The Health and Wellness Director will implement a Temporary Service Plan to immediately address and respond to new behaviors and report behavior changes to Resident #1's health care practitioner for evaluation. Resident #1's responsible party will also be included in the provisions of the Temporary Service plan and communication with the health care practitioner. Resident #1 will be asked to participate to the extent Resident #1 is willing/able to participate.

Should it be determined that the new behaviors are not transient (i.e., an infection or side effect), the Health & Wellness Director will conduct a change of condition assessment and revise the support plan.

Representatives from the corporate office have provided training to the General Manager regarding incident reporting and documentation of resident behavior changes, the use of Temporary Service Plans, and change of

225c - Additional Assessment (continued)

condition reporting, assessments and support plan changes. The General Manager will provide training to all staff related to properly documenting behavior incidents in the community's electronic platform. The electronic platform is set to notify the General Manager and Health and Wellness Director of documented incidents upon completion. The General Manager and Health and Wellness Director are responsible for investigating incidents within 24 hours and taking appropriate action.

The General Manager and representatives from the corporate office will provide additional training on these processes to the Health and Wellness Director.

It was determined that the new behaviors are not transient so the Health & Wellness Director conducted a change of condition assessment and revised the support plan for Resident #1. Please see attached (POC #225c).

227g - Support Plan Signatures**1. Requirements**

2600.

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

Description of Violation

Resident #1 participated in the development of his/her support plan on [REDACTED]/2021. However, the resident did not sign the support plan.

Plan of Correction**Directed**

Resident #1's signature will be obtained on the support plan. A note will be included in this individual's record as the deficient date or completion cannot be corrected.

The Health and Wellness Director is responsible for ensuring those who participate in the development of a resident's support plan sign and date the plan. If a resident is unable/unwilling to sign but was included in the process, the absence of the resident's signature and reason will be noted in the record and the resident's representative will sign for themselves and may be asked to sign acknowledging that the resident was unable/unwilling to sign the plan.

The General Manager is required to sign new support plans per community policy and is responsible for ensuring all signatures are obtained.

Directed Plan of Correction 6/28/22 CM:

By [REDACTED]/22, the General Manager will conduct an audit of current resident records to ensure that RASPs have been signed, and obtain resident signatures for unsigned RASPs showing the actual signature dates.

Completion Date: 07/15/2022

Document Submission**Implemented**

Resident #1's signature will be obtained on the support plan. A note will be included in this individual's record as the deficient date or completion cannot be corrected.

The Health and Wellness Director is responsible for ensuring those who participate in the development of a resident's support plan sign and date the plan. If a resident is unable/unwilling to sign but was included in the process, the absence of the resident's signature and reason will be noted in the record and the resident's representative will sign for themselves and may be asked to sign acknowledging that the resident was unable/unwilling to sign the plan.

The General Manager is required to sign new support plans per community policy and is responsible for ensuring all signatures are obtained.

227g -Support Plan Signatures (continued)

Under the oversight of the General Manager, community staff have conducted an audit of current residents' records to ensure signatures are present. For those records where signatures were found to be missing and the resident participated in the development of the support plan, a note to that effect will be included in the resident's record and a signature will either be obtained or a new support plan will be developed, if necessary, with signatures obtained from the participants.

The audit was completed on 07/15/2022.

The General Manager is responsible for scheduling weekly 1:1 meetings with each Department Head. The agenda templates for the Health and Wellness Director and Opal Manager include a review of resident support plans and, effective immediately, will include a review of each new/revised resident support plan. The agenda template will be used to document discussions, conclusions, action items, person responsible and deadlines.

Directed Plan of Correction 6/28/22 CM:

By [REDACTED]/22, the General Manager will conduct an audit of current resident records to ensure that RASPs have been signed, and obtain resident signatures for unsigned RASPS showing the actual signature dates.

Audit was conducted on 8/31 for all resident charts. RASPS without signatures have been flagged, GM will ensure past due signatures are all signed by 9/15 and GM will monitor new RASPS on a weekly basis during Health and Wellness Director 1:1 weekly meetings.