

Department of Human Services
Bureau of Human Service Licensing

June 8, 2022

[REDACTED] ADMINISTRATOR
PERRY SOUTH PERSONAL CARE HOME LTD
1129 TWEED STREET
PITTSBURGH, PA, 15204

RE: PERRY SOUTH PERSONAL CARE
HOME
1129 TWEED STREET
PITTSBURGH, PA, 15204
LICENSE/CO#: 43373

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 06/01/2022 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations 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: *PERRY SOUTH PERSONAL CARE HOME* License #: *43373* License Expiration: *09/20/2022*
Address: *1129 TWEED STREET, PITTSBURGH, PA 15204*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *PERRY SOUTH PERSONAL CARE HOME LTD*
Address: *1129 TWEED STREET, PITTSBURGH, PA, 15204*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *R-4* Date: *10/08/2008* Issued By: *City of Pittsburgh*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *7* Waking Staff: *5*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Settlement* Exit Conference Date: *06/01/2022*

Inspection Dates and Department Representative

06/01/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *8* Residents Served: *7*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

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

Inspections / Reviews

06/01/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/15/2022*

06/07/2022 - POC Submission

Inspections / Reviews (*continued*)

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *06/13/2022*

06/08/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *06/16/2022*

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

The home's current license inspection summary, dated 6/16/21, is not posted in a conspicuous and public place in the home.

Plan of Correction

Directed

Perry South has posted the current inspection of the home in a conspicuous and public place in the main entrance hallway, Perry South has listed the current yearly inspection. this will be updated annually.

This has been added to the checklist to ensure that home has the most current inspection listed. The administrator will check the inspection twice a year, this will also be added to the admin calendar. (DIRECTED: The first administrator check shall be completed within 5 calendar days of receipt of the plan of correction. The checks shall ensure all items specified in 2600.3c are posted in a conspicuous and public place in the home. [redacted] 6/8/22).

Completion Date: 06/07/2022

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

At 9:55 AM, resident information, to include residents' dates of births, social security numbers, list of medical diagnoses and list of medications for residents #1, #2 and #3 were unlocked, unattended and accessible in a binder on the table in the main entrance hallway.

Plan of Correction

Directed

Perry South has removed and locked away resident info. The administrator will check daily to make sure all resident info is secured and locked away. (DIRECTED: The daily checks shall begin within 5 calendar days of receipt of the plan of correction. [redacted] 6/8/22)

Staff has been educated to make sure all cabinets are locked with all resident info, staff will be trained yearly this has been added to staff training.

Completion Date: 06/07/2022

42q - Compensation

1. Requirements

2600.

42q - Compensation (continued)

42.q. A resident shall be compensated in accordance with State and Federal labor laws for labor performed on behalf of the home. Residents may voluntarily and without coercion perform tasks related directly to the resident's personal space or common areas of the home.

Description of Violation

Multiple residents, including resident #1, are routinely asked to perform work in the home by staff person A, to include bringing their trash from their bedrooms to the 1st floor on a weekly basis, vacuum their bedrooms and change their bedsheets. However, residents are not compensated in accordance with State and Federal labor laws for labor performed on behalf of the home.

Plan of Correction**Directed**

All staff at Perry South will remove all trash from residents' bedrooms twice weekly, All staff will vacuum all resident's rooms twice weekly and change their bedsheets. Residents are not required to remove bedside trash or clean their rooms, this will be done by staff.

Resident #1 has been compensated for moving his bedside trash from his room.

There were no other residents asked to take their bedside trash, home rules were placed that no resident in the home has to remove bedside trash, and staff has been educated that we are to remove all trash from resident's rooms and home.

DIRECTED: Within 7 calendar days of receipt of the plan of correction: All staff persons and residents shall be educated that any resident who wishes to work in the home shall be compensated in accordance with State and Federal labor laws. The education shall include ensuring no resident is forced or coerced to work in the home. Documentation of hours worked and payment received shall be kept. Documentation of the education shall be kept.

█ 6/8/22

Completion Date: 06/07/2022

85a - Sanitary Conditions**1. Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

A layer of dirt and grime covered the baseboards in the home's kitchen and 2nd floor hallways and rooms.

At 10:05 AM, a layer of dust and grime covered the black trash can lid in the 2nd floor bathroom.

At 10:17 AM, a layer of dust and debris was present on the carpeting in bedroom #1.

REPEAT VIOLATION: 6/16/2021, et. al.

Plan of Correction**Directed**

Perry South has cleaned and removed all dust and grime from all surfaces and baseboards, Perry South has

85a - Sanitary Conditions (continued)

prepared a checklist of the cleaning that is done daily in the home. Perry South has hired a cleaning crew to come to clean the home monthly to ensure that the home is clean and free from dust and grime.

The Administrator has added a checklist for all duties that need to be done daily, All Staff has been educated on the checklist and they must sign off after every chore that has been completed for the day. (DIRECTED: The checklist shall be implemented within 5 calendar days of receipt of the plan of correction. Documentation of the completed checklists shall be kept. [REDACTED] 6/8/22).

DIRECTED: Within 5 calendar days of receipt of the plan of correction: A designated staff person shall inspect the home daily to ensure sanitary conditions are maintained. [REDACTED] 6/8/22

Completion Date: 06/07/2022

94b - Non-Skid Surface

1. Requirements

- 2600.
- 94.b. Interior stairs, exterior steps and ramps must have nonskid surfaces.

Description of Violation

A nonskid surface was not present on the wooden ramp in the front of the home.

REPEAT VIOLATION: 6/16/2021, et. al.

Plan of Correction

Directed

Perry South has removed the wooden ramp and replaced it with a new nonskid ramp. This ramp is rubber with a built-in skid-free surface. Perry South will replace the ramp before the skid surface wears out.

The Administrator will do a walk-through of the interior and exterior of the home every 30days to ensure safe conditions. a checklist has been created, and staff has also been educated to make the administrator aware of any unsafe conditions. (DIRECTED: The checklist shall be implemented within 5 calendar days of receipt of the plan of correction. Documentation of the completed checklists shall be kept. [REDACTED] 6/8/22).

DIRECTED: Within 5 calendar days of receipt of the plan of correction: A designated staff person shall inspect all interior stairs, exterior steps and ramps to ensure a nonskid surface is present. [REDACTED] 6/8/22

Completion Date: 06/07/2022

100a - Exterior - Free of Hazards

1. Requirements

- 2600.
- 100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

There is an approximate 6" x 3" hole all the way through the 3rd wooden board of the ramp in the front of the home.

REPEAT VIOLATION: 6/16/2021, et. al.

100a - Exterior - Free of Hazards (continued)

Plan of Correction

Directed

The ramp has been replaced, Administrator will do a walk around the exterior of the home every 30 days to make sure that it is hazard free.

The Administrator will do a walk-through of the interior and exterior of the home every 30days to ensure safe conditions. a checklist has been created, and staff has also been educated to make the administrator aware of any unsafe conditions. (DIRECTED: The checklist shall be implemented within 5 calendar days of receipt of the plan of correction. Documentation of the completed checklists shall be kept. [redacted] 6/8/22).

DIRECTED: Within 5 calendar days of receipt of the plan of correction: A designated staff person shall inspect the exterior of the building and the building grounds or yard to ensure everything is in good repair and free of hazards.

[redacted] 6/8/22

Completion Date: 06/07/2022

101j2 - Bedroom Chairs

1. Requirements

2600.

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

- 2. A chair for each resident that meets the resident’s needs.

Description of Violation

At 10:17 AM, only 1 chair was present in the [redacted] of residents #4 and #5.

Plan of Correction

Directed

The administrator has placed a chair in the resident room, Administrator will do a weekly walk through all resident's rooms. (DIRECTED: The weekly walkthroughs shall begin within 5 calendar days of receipt of the plan of correction. The weekly walkthroughs shall include an inspection of each resident's bedroom to ensure a chair is present that meets the needs of each resident. [redacted] 8/22).

Staff has been educated to do a weekly walkthrough, and use the checklist, after using the checklist staff is to sign off that they did a walkthrough all resident's rooms. (DIRECTED: Documentation of the completed checklists shall be kept. [redacted] 6/8/22

Completion Date: 06/07/2022

101j3 - Bed/Linens/Pillows/Blankets

1. Requirements

2600.

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

- 3. Pillows, bed linens and blankets that are clean and in good repair.

Description of Violation

At 10:25 AM, no sheets were present on resident #1's bed.

101j3 - Bed/Linens/Pillows/Blankets (continued)

At 10:10 AM, no sheets were present on resident #6's bed.

At 10:25 AM, the sheets on resident #4's bed were dirty and had multiple stains present, including an approximate 3" brown stain near the top of the bed.

Plan of Correction**Directed**

Perry South Staff has replaced all resident's sheets on their beds, Perry South staff will change residents' bed sheets twice a week.

Staff has been educated that they are to change bed sheets twice a week, and staff will check off on the chore list that bed sheets have been changed in all residents' rooms twice a week. (DIRECTED: Documentation of the completed checklists shall be kept. ■ 6/8/22)

DIRECTED: Within 5 calendar days of receipt of the plan of correction: A designated staff person shall inspect each resident's bed weekly to ensure each resident has pillows, bed linens and blankets that are clean and in good repair. ■ 6/8/22

Completion Date: 06/07/2022

101j6 - Mirror

1. Requirements

2600.

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

6. A mirror.

Description of Violation

At 10:17 AM, there was no mirror present in ■ of residents #4 and #5.

Plan of Correction**Directed**

Perry South has placed a mirror in the resident's bedroom. The administrator will do a weekly walk through all resident's rooms. (DIRECTED: The weekly walkthroughs shall begin within 5 calendar days of receipt of the plan of correction. The weekly walkthroughs shall include an inspection of each resident's bedroom to ensure a mirror is present. ■ 6/8/22).

Staff has been educated to do a weekly walkthrough, and use the checklist, after using the checklist staff is to sign off that they did a walkthrough all resident's rooms. (DIRECTED: Documentation of the completed checklists shall be kept. ■ 6/8/22).

Completion Date: 06/07/2022

101j7 - Lighting/Operable Lamp

1. Requirements

2600.

101j7 - Lighting/Operable Lamp (continued)

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

At 10:17 AM, resident #5's bedside lamp was approximately 5' from the resident's bed and could not be turned on/off from bedside.

Plan of Correction**Directed**

The administrator has placed the resident bedside lamp next to the resident bed, the administrator will do a weekly walk through all resident's rooms. (DIRECTED: The weekly walkthroughs shall begin within 5 calendar days of receipt of the plan of correction. The weekly walkthroughs shall include an inspection of each resident's bedroom to ensure an operable lamp or other source of lighting is present and can be turned on/off at bedside. ■■■ 6/8/22).

Staff has been educated to do a weekly walkthrough, and use the checklist, after using the checklist staff is to sign off that they did a walkthrough of all resident's rooms. (DIRECTED: Documentation of the completed checklists shall be kept. ■■■ 6/8/22).

Completion Date: 06/07/2022

101r - Bedroom - shades/drapes/window covering**1. Requirements**

2600.

- 101.r. There must be drapes, shades, curtains, blinds or shutters on the bedroom windows. Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.

Description of Violation

At 10:17 AM, approximately 16 slats of the blinds on the window near resident #4's bed were broken and the blind only covered approximately $\frac{3}{4}$ of the window.

Plan of Correction**Directed**

Perry South has replaced the blinds and put up curtains in the resident's room, the administrator will do a weekly walk-through of all resident's rooms to ensure that the room has all the necessary requirements for the room. (DIRECTED: The weekly walkthroughs shall begin within 5 calendar days of receipt of the plan of correction. ■■■ 6/8/22).

Staff has been educated to do a weekly walkthrough, and use the checklist, after using the checklist staff is to sign off that they did a walkthrough all resident's rooms. (DIRECTED: Documentation of the completed checklists shall be kept. ■■■ 6/8/22).

Completion Date: 06/07/2022

102i - Soap Dispenser**1. 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.

102i - Soap Dispenser (*continued*)**Description of Violation**

At 9:38 AM, no soap was present at basement bathroom sink.

Plan of Correction**Directed**

The staff has placed soap in the soap dispenser, staff will refill the soap dispenser weekly or as needed.

Staff and the administrator will do a daily walk-through to make ensure that there is soap and toilet paper in each bathroom, staff has been educated that they will have to sign off daily that all restrooms have been checked. (DIRECTED: The daily walkthroughs shall begin within 5 calendar days of receipt of the plan of correction. ■ 6/8/22).

Completion Date: 06/07/2022

103f - Refrigerator/Freezer Temps

1. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

At 9:33 AM and 3:45PM, the temperature in the upright Gibson freezer, located in the home's basement, was 10 degrees Fahrenheit.

Plan of Correction**Directed**

The administrator has defrosted the freezer and recorded the temperature at 0 degrees Fahrenheit. The administrator will check and record the temperature on all freezers to make sure they are the correct temperatures. Temperature checks on all freezers and refrigerators will be done ~~monthly~~ (unacceptable portion of plan of correction. ■ 6/8/22) and recorded. (DIRECTED: Within 5 calendar days of receipt of the plan of correction: A designated staff person shall inspect all refrigerators and freezers daily to ensure an operable thermometer is present and proper food handling temperatures are maintained in accordance with 2600.103f. Documentation of the daily refrigerator/freezer temperatures shall be kept. ■ 6/8/22).

All freezers and refrigerators have been checked, staff has been educated that they are to check temps on all freezers and refrigerators when in use, if temps are below the acceptable temps they are to report to the administrator immediately.

Completion Date: 06/07/2022

103g - Storing Food

1. Requirements

2600.

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

Description of Violation

At 9:45 AM, an open and unsealed bag of Clancy's white round tortilla chips, which was approximately ½ full, was present in the cabinet above the stove.

At 9:50 AM, an open and unsealed bag of sugar, which was approximately 1/8 full, was present on a shelf under the 1st floor steps near the kitchen.

103g - Storing Food (continued)

Plan of Correction

Directed

Staff and Administrator placed all open bags of food in ziplock bags, Staff will place food and ziplock bags and name and date the open items, this will be done daily.

Staff has been educated that they are to place any item that is not in a sealed container into a ziplock bag this has to be done anytime something has been opened. This has been added to staff training calendar staff will be trained yearly on storing food.

DIRECTED: Within 5 calendar days of receipt of the plan of correction: A designated staff person shall inspect all food storage areas daily to ensure all food is stored in closed or sealed containers. [REDACTED] 6/8/22

Completion Date: 06/07/2022

126a - Furnace Inspection

1. Requirements

2600.

126.a. A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

Description of Violation

The most recent furnace inspection was completed on 9/1/20.

Plan of Correction

Directed

Perry South furnace was inspected on 10/20/2021, the administrator will make sure that the furnace inspector has logged all inspections of the furnace before leaving the home. (DIRECTED: Documentation of the furnace inspection shall be kept [REDACTED] 6/8/22).

The administrator has placed this on the admin calendar to ensure that the furnace is being inspected annually.

Completion Date: 06/07/2022

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 most recent fire drill conducted by a fire safety expert was completed on 7/17/18.

The most recent fire safety inspection conducted by a fire safety expert was completed on 12/17/19.

132b - Safety Inspection/Fire Drill (continued)

Plan of Correction

Directed

Perry South has scheduled a fire drill safety inspection for 6/16/2022, this was the only Available appointment, Perry South will have an annual fire drill safety inspection done and keep a record of this inspection on file. (DIRECTED: The fire safety inspection scheduled with a fire safety expert on 6/16/22 shall also include an observed fire drill conducted by the fire safety expert. Documentation of the fire safety inspection and supervised fire drill conducted by the fire safety expert shall be [REDACTED] 6/8/22).

The administrator has placed fire safety drills on the admin calendar that will alert the admin 30 days before the next annual fire safety inspection is due. The administrator will do this annually to ensure that an annual fire safety inspection is being done on the home.

Completion Date: 06/07/2022

132d - Evacuation

1. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The home does not have a maximum evacuation time in writing within the past year by a fire safety expert which exceeds 2 minutes, 30 seconds. The evacuation times for the following fire drills exceeded 2 minutes, 30 seconds:

<u>Date/Time</u>	<u>Evacuation Time</u>
• 1/3/22 at 8:00 AM	2 minutes, 55 seconds
• 2/8/22 at 6:00 AM	3 minutes, 48 seconds
• 4/1/22 at 9:30 AM	3 minutes
• 4/28/22 at 9:45 AM	3 minutes, 1 second
• 5/10/22 at 7:00 AM	4 minutes

Plan of Correction

Directed

Perry South will adhere to the evacuation time that is given by the fire safety expert on 6/16/2022. The administrator will keep a record of the evacuation time on the fire safety fire log.

Staff has been educated to adhere to the evacuation time that will be given by the fire safety expert, staff will then log the time of evacuation adhering to all times, and staff will be trained twice annually by the administrator to the home's fire drill procedures.

DIRECTED: Within 5 calendar days of receipt of the plan of correction: A designated staff person shall review the home's fire drill records monthly to ensure all residents evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert, within the period of time specified in writing within the past year by a fire safety expert during each fire drill. [REDACTED] 6/8/22

Completion Date: 06/07/2022

141b1 - Annual Medical Evaluation

1. Requirements

141b1 - Annual Medical Evaluation (continued)

2600.

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

Description of Violation

Resident #2's most recent medical evaluation, dated [redacted], does not include the resident's height, weight, pulse rate or temperature. These sections of the form are blank.

Plan of Correction

Accept

Resident # 2 has had a recently updated DME, the administrator has checked to make sure that all info has been completed on the form. The administrator will check all DMEs annually to make sure that the form has been completed correctly.

Resident # 2 DME was completed on [redacted] the administrator has checked all residents' DME and they are filled out correctly. The administrator has placed on the admin calendar to check all DME and RASP twice a year to make ensure there is no missing information on the DME and RASP, and to ensure that DME and RASP are being completed on an annual bases.

Completion Date: 06/07/2022

185a - Implement Storage Procedures

1. Requirements

2600.

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

Description of Violation

Resident #4 is prescribed [redacted] However, no [redacted] are documented on resident #4's [redacted] medication administration record (MAR) or resident #4's [redacted] MAR. Also, the only [redacted] present on resident #4's [redacted]

Plan of Correction

Directed

Staff is recording [redacted] the resident, these reading has been recorded and placed on MAR, Administrator will check to make sure [redacted] has been recorded each day on resident MAR. (DIRECTED: The administrator checks shall begin within 5 calendar days of receipt of the plan of correction. [redacted] 6/8/22).

Staff has been educated that any resident who has [redacted] must be recorded and marked on the MAR. Staff will be trained twice a year to ensure their understanding of documentation of [redacted] and any other MAR documentation. (DIRECTED: Documentation of the staff education shall be [redacted] 6/8/22).

Completion Date: 06/07/2022

186a - Authorized Prescriber

1. Requirements

2600.

186a - Authorized Prescriber (continued)

186.a. Each prescription medication must be prescribed in writing by an authorized prescriber. Prescription orders shall be kept current.

Description of Violation

Resident #8's [REDACTED] MAR indicates resident #8 is prescribed [REDACTED]; however, there is no current prescription order present in the home for resident #8's [REDACTED].

Plan of Correction

Accept

The administrator has placed a copy of resident #8 [REDACTED] The administrator will make sure that all authorized prescribed medications have a written order in the home, the administrator will check this monthly, or as needed.

The administrator has checked all Resident's DME and Physician orders to ensure they are current, the administrator will check all DMEs Twice a year. if any changes to any resident's DME or Medications the administrator will contact the pharmacy to ensure that all medications are listed and correct on MAR. The administrator will also do a MAR check every 28days to ensure a correct MAR before the prior month. This has also been added to the admin calendar.

Completion Date: 06/07/2022

187a - Medication Record

1. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

On [REDACTED] resident #5 is prescribed [REDACTED] however, the resident's [REDACTED] MAR indicates [REDACTED]

REPEAT VIOLATION: 6/16/2021, et. al.

Plan of Correction

Directed

The administrator has trained staff to check the MAR and the prescription bottle 3 times to ensure that the medication is given according to the prescribed times. this has been checked and corrected on the MAR to ensure that it is being given at the prescribed times. The administrator will check all MARs monthly or as needed and

187a - Medication Record (continued)

recorded the corrections. (DIRECTED: The administrator monthly reviews shall begin within 5 calendar days of receipt of the plan of correction. The reviews shall ensure all resident MAR's are accurate in accordance with prescribers' orders. [REDACTED] 6/8/22)

Staff education has been completed on 6/2/2022, and all resident's medications have been checked. Staff will be educated on medication passing twice a year this training has been added to staff training. (DIRECTED: Documentation of the education shall be kept. [REDACTED] 6/8/22)

Completion Date: 06/07/2022

187b - Date/Time of Medication Admin.**1. Requirements**

2600.

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

Description of Violation

Resident #8 is prescribed [REDACTED] According to staff person A, resident #8 refuses [REDACTED] almost daily; however, resident #8's [REDACTED] MAR is signed off [REDACTED] indicating the resident's [REDACTED] were checked.

Plan of Correction**Directed**

Staff will sign off on MAR when medication is given to resident #8 and all other residents, staff will record [REDACTED] and place it on the MAR. The administrator will do a check on the MAR weekly.

Staff has been trained on how to document refusal of medication, Staff will be trained twice year on medication refusal, this has been added to our staff training, Staff will put an R and circle the R for refusal, and on the back of MAR they will indicate the medication that was refused along with the time and date and then staff will intinal the MAR. (DIRECTED: Documentation of the education shall be kept. [REDACTED] 6/8/22)

DIRECTED: Within 5 calendar days of receipt of the plan of correction: A designated staff person shall review all resident MAR's weekly to ensure all medications refused by residents are properly documented on the resident's MAR and that the resident's physician has been notified of any refusals in accordance with 2600.187c. [REDACTED] 6/8/22

Completion Date: 06/07/2022

187d - Follow Prescriber's Orders**1. Requirements**

2600.

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

Description of Violation

Resident #2 is prescribed [REDACTED]. During the inspection, resident #2's [REDACTED] was not available in the home for administration. According to staff person A, the home's administrator, the medication will not be able to be administered to the resident on [REDACTED]

187d - Follow Prescriber's Orders (continued)

On [REDACTED] resident #5 was prescribed [REDACTED]
however, the medication was only [REDACTED]

Plan of Correction**Directed**

The administrator and staff will review all medication and MAR to make sure residents are getting their prescribed medications at the prescribed times, Resident # 2 [REDACTED]

Resident #5 is receiving [REDACTED] as prescribed this has also been corrected on the MAR.

The administrator will do a daily check to make sure medication is given as prescribed. (DIRECTED: The daily checks shall begin within 5 calendar days of receipt of the plan of correction. The checks shall also include a review of all medication storage areas to ensure all prescribed medications are present in the home for administration. [REDACTED] 6/8/22)

The administrator will do a daily check to ensure that medication has been given properly as prescribed and MAR is initialed after every medication passing for each resident, Staff has been trained to check medication instructions and MAR with the 3 checks. Staff will be educated on medication passing twice a year this has also been added to our staff training. (DIRECTED: Documentation of the education shall be kept. The daily checks shall begin within 5 calendar days of receipt of the plan of correction. [REDACTED] 8/22)

Completion Date: 06/07/2022

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 #5's most recent assessment, dated [REDACTED], does not include a summary of the resident's overall wellness. The summary and determination section of resident #5's assessment is blank.

REPEAT VIOLATION: 6/16/2021, et. al.

Plan of Correction**Directed**

The administrator has added notes to the resident #5 summary. The administrator has added a checklist to ensure that sections of the resident's assessment are completed fully annually.

The administrator will double-check all assessments on all residents, this has been added to the admin calendar, this check will be done twice a year.

DIRECTED: Within 5 calendar days of receipt of the plan of correction: A designated staff person shall review all

225c - Additional Assessment (continued)

current resident records to ensure each resident has an assessment, completed in its entirety, at least annually. ■

6/8/22

Completion Date: 06/07/2022