

Department of Human Services  
Bureau of Human Service Licensing

December 1, 2021

[REDACTED], OWNER  
TAYLORS PERSONAL CARE HOME LLC  
2113-15 WEST HUNTING PARK AVE  
PHILADELPHIA, PA 19140

RE: TAYLOR'S PERSONAL CARE HOME  
2113-15 WEST HUNTING PARK AVE  
PHILADELPHIA, PA, 19140  
LICENSE/COC#: 13854

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/03/2021 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

Facility Information

Name: TAYLOR'S PERSONAL CARE HOME License #: 13854 License Expiration Date: 12/20/2022  
Address: 2113-15 WEST HUNTING PARK AVE, PHILADELPHIA, PA 19140  
County: PHILADELPHIA Region: SOUTHEAST

Administrator

Name: [REDACTED] Phone: 2152219033 Email: [REDACTED]

Legal Entity

Name: TAYLORS PERSONAL CARE HOME LLC  
Address: 2113-15 WEST HUNTING PARK AVE, PHILADELPHIA, PA, 19140  
Phone: 2152219033 Email: [REDACTED]

Certificate(s) of Occupancy

Type: Other Date: 01/14/2009 Issued By: City of Philadelphia

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 32 Waking Staff: 24

Inspection

Type: Full Notice: Unannounced BHA Docket #:  
Reason: Renewal Exit Conference Date: 11/03/2021

Inspection Dates and Department Representative

11/03/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 37 Residents Served: 32

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 23 Are 60 Years of Age or Older: 14  
Diagnosed with Mental Illness: 32 Diagnosed with Intellectual Disability: 2  
Have Mobility Need: 0 Have Physical Disability: 0

## Inspections / Reviews

11/03/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *11/26/2021*

11/22/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *11/29/2021*

12/1/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

54a - Direct Care Staff

1. Requirements

2600.

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

- 1. Be 18 years of age or older, except as permitted in subsection (b).
- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
- 3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

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.

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

Plan of Correction

Accept

VIOLATION: §2600.54(a) DIRECT CARE STAFF- HIGH SCHOOL DIPLOMA -GED

In the future the home's administrator [redacted] shall ensure that all new employees shall provide a copy of his or her High School Diploma or GED prior to first day of work. No residents were harmed as a result of the deficient practice. No residents were harmed as a result of the deficient practice.

The home has put DCS Person- (A) on probation for 60 days for failure to provided documentation of having a High School Diploma or GED. Administrator is aware of his current situation due to COVID-19 with everything being delayed and hard to speak to a live person at the Philadelphia school district. He is still trying to obtain a copy of his diploma and on the website it states up to 6 to 8 months to receive in the mail.

Taylor's Personal Care Home, LLC Administrator [redacted] will create and implement a polices and procedures ensuring that All New DCS Employees must submit proof of documentation of High School Diploma or GED.

The home's administrator [redacted] will ensure that all DCS Personnel shall have a copy of his or her High School Diploma or GED in each staff file. Which than will be secured in the PCH administrator office in a lock file cabinet for safeguarding. Lastly, the administrator will ensure that copies are avaiable for the department's request.

Completion Date: 11/16/2021

Document Submission

Implemented

Please See Attach Documentation

57b - 1 Hour/Day

1. Requirements

2600.

57.b. Direct care staff persons shall be available to provide at least 1 hour per day of personal care services to each mobile resident.

57b - 1 Hour/Day (continued)

**Description of Violation**

On 10/23/21, there were 28 residents in the home, requiring a minimum of 28 hours of direct care service. On this day, only 22 hours of direct care staffing was provided.

**Plan of Correction**

**Accept**

VIOLATION: §2600.57 (b) 1 HOUR /DAY

The home's administrator [REDACTED] has created and implement policies and procedures stating that the home shall ensure that each resident receives 1 hour per day of personal care services to each mobile resident in the PCH (home). No residents were harmed as a result of the deficient practice.

Corrective action has been taken to help to enhance additional staffing and to ensure the deficient practice does not reoccur as of 11/3/21 the Administrator has obtained (hired) 2 new DCS employees for the weekends. In the future the administrator will ensure there will be sufficient amount of staffing is on duty during the weekends to meet the needs of each resident in the home from here on out. This will ensure that in event of emergency or any residents in the home with a mobility issue will be avaible to help assist the resident. These steps were completed on 11/04/21.

**PRIMARY BENEFIT:**

- The Primary Benefit is to protect the health and welfare of the home residents.
- To remain in compliance with BHSL Regulatory Compliance Guide.
- Ensures that there are sufficient staff persons on duty at all times.
- Ensures that staffing hours will be provided to meet the needs of each resident in the PCH
- Ensures that ALL DCS person are qualified to meet residents needs or seek help in event of an emergency is present in the PCH.
- Ensures that staffing hours will be provided to meet the needs of each resident in the PCH

Completion Date: 11/04/2021

**Document Submission**

**Implemented**

Please See Attach Documentation

57d - Waking Hours

**1. Requirements**

2600.

57.d. At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.

**Description of Violation**

On 10/23/21, a total of 28 hours of direct care was required. However, only 15 of the required hours, or 71 percent, were provided during waking hours.

57d - Waking Hours (continued)

Plan of Correction

Accept

*VIOLATION: §2600.57.(D) WAKING HOURS*

*The home's administrator [REDACTED] has created and implement policies and procedures that will ensure that the home has sufficient amount of waking DCS on each shift and resident's needs are being met. In the future the administrator will ensure there will be sufficient amount of waking staffing are on duty at all times for the (weekends) to meet the needs of each resident in the home from here on out.*

*Corrective action has been taken to help to enhance / hire additional staffing for the (weekends) and to ensure the deficient practice does not reoccur as of 11/3/21 the Administrator has obtained (hired) 2 new DCS employees for the weekends. This will ensure that in event of emergency or any residents in the home with a mobility issue will be available to help assist the resident.*

*PRIMARY BENEFIT:*

*The Primary Benefit is to protect the health and welfare of the home residents.  
To remain in compliance with BHSL Regulatory Compliance Guide.  
Ensures that there are sufficient staff persons on duty at all times.  
Ensures that staffing hours will be provided to meet the needs of each resident in the PCH  
Ensures that staffing hours provide to meet personal care needs are supplied during a time of day when resident are awake.*

**Completion Date:** 11/04/2021

**Document Submission**

**Implemented**

*Please See Attach Documentation*

63a - First Aid/CPR Training

**1. Requirements**

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

**63a - First Aid/CPR Training (continued)****Description of Violation**

*On 10/20/21, from 12:00 am to 10:00 am and 6:00 pm to 11:59 pm, 28 residents were present in the home. During this time there were no staff persons present in the home who were certified in obstructed airway techniques and CPR.*

*On 10/21/21, from 12:00 am to 10:00 am, 28 residents were present in the home. During this time there were no staff persons present in the home who were certified in obstructed airway techniques and CPR.*

*On 10/22/21, from 2:00 am to 10:00 am, 28 residents were present in the home. During this time there were no staff persons present in the home who were certified in obstructed airway techniques and CPR.*

*On 10/23/21, from 12:00 am to 11:59 pm, 28 residents were present in the home. During this time there were no staff persons present in the home who were certified in obstructed airway techniques and CPR.*

*On 10/24/21, from 12:00 am to 11:59 pm, 28 residents were present in the home. During this time there were no staff persons present in the home who were certified in obstructed airway techniques and CPR.*

*On 10/25/21, from 12:00 am to 10:00 am and 6:00 pm to 11:59 pm, 28 residents were present in the home. During this time there were no staff persons present in the home who were certified in obstructed airway techniques and CPR.*

*On 10/26/21, from 2:00 am to 10:00 am, 28 residents were present in the home. During this time there were no staff persons present in the home who were certified in obstructed airway techniques and CPR.*

*On 10/27/21, from 2:00 am to 10:00 am and 6:00 pm to 11:59 pm, 28 residents were present in the home. During this time there were no staff persons present in the home who were certified in obstructed airway techniques and CPR.*

*On 10/28/21, from 12:00 am to 10:00 am, 28 residents were present in the home. During this time there were no staff persons present in the home who were certified in obstructed airway techniques and CPR.*

*On 10/29/21, from 2:00 am to 10:00 am, 28 residents were present in the home. During this time there were no staff persons present in the home who were certified in obstructed airway techniques and CPR.*

*On 10/30/21, from 2:00 am to 10:00 am and 6:00 pm to 11:59 pm, 28 residents were present in the home. During this time there were no staff persons present in the home who were certified in obstructed airway techniques and CPR.*

*On 10/31/21, from 12:00 am to 6:00 pm, 28 residents were present in the home. During this time there were no staff persons present in the home who were certified in obstructed airway techniques and CPR.*

*On 11/1/21, from 2:00 am to 10:00 am, 28 residents were present in the home. During this time there were no staff persons present in the home who were certified in obstructed airway techniques and CPR.*

*On 11/2/21, from 2:00 am to 10:00 am, 28 residents were present in the home. During this time there were no staff persons present in the home who were certified in obstructed airway techniques and CPR.*

## 63a - First Aid/CPR Training (continued)

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

*VIOLATION: §260063.(a) FIRST AIDE & CPR TRAINING*

*Immediate action was taken by Administrator [REDACTED] has reviewed DCS schedules and corrected them to make sure at least 1 staff member on each shift is First Aid certified. Out of 32 residents potentially affected, no residents were harmed as a result of the deficient practice.*

*All DCS employees in the home are set up to take a First Aid course on 11/16/2021 to ensure that there is always 1 individual on each shift that is First Aid certified and the course must be completed within 30 days.*

*Additional steps will also ensure ongoing compliance is being met by the PCH; the administrator TTB or designee will audit all new DCS Employees and Senior DCS Employees trainings (files) monthly with an audit form to ensure they have First Aid and CPR trainings. These audits will be reviewed quarterly. The administrator TTB will also set up new hires to take the First Aid and CPR trainings as part of their orientation process.*

*Prevention: To ensure ongoing compliance, the Administrator [REDACTED] and the designee will review all new DCS Employees schedule before it is posted to ensure that 1 individual on each shift is First Aid certified.*

*Monitor: The administrator TTB and the homes designee will review all new and senior DCS Employees trainings, overdue and expired training monthly to ensure trainings are current moving forward.*

*Corrected: DCS Employees completed First Aid/CPR on 11/16/2021 (certificate attached)*

**PRIMARY BENEFIT:**

*To remain in compliance with BHSL Regulatory Compliance Guide*

*The Primary Benefit is to protect the health and welfare of the home residents*

*Ensures that there are sufficient staff persons on duty at all times*

*Ensures that staff are appropriately trained to respond to an emergency, and that there are sufficient numbers of qualified staff to respond to simultaneous emergency situations if one resident is choking while another resident experiences cardiac arrest in the PCH*

*Lastly, this system allows the home to check on a regular basis to ensure that everyone in the home is safe free from potential fire or death of resident or employee.*

**Completion Date:** 11/16/2021

**Document Submission****Implemented**

*Please See Attach Documentation*

## 65d - Initial Direct Care Training

**1. Requirements**

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

1. Training that includes a demonstration of job duties, followed by supervised practice.

65d - Initial Direct Care Training (*continued*)

2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

**Description of Violation**

Direct care staff person A, hired on [REDACTED] began providing unsupervised ADL services on or about [REDACTED]. However, the staff person did not complete and pass the Department-approved direct care training course and pass the competency test.

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

VIOLATION: 2600.65 (d)

Although the following violation was given, to the homes defense, DCS did complete the mandated Successful completed and passed the Department-approved direct care training course and passing of the competency test. Unfortunately, administrator oddly missed placed DCS #1 copy of [REDACTED] DCS EXAM.

Verification was given by DCS [REDACTED] a copy of [REDACTED] certificate was presented at the time of hire. Administrator is waiting for DCS SI to email me additional copy of [REDACTED] certificate. Therefore, violation 2600.65(d) should be dismissed. In the future, the administrator will make additional copies of ALL DCS EXAMS Copies of the required approved training will be secured in the PCH administrator office in a lock file cabinet for safe guarding. The administrator will also keep a second copy of all trainings in her home to prevent further fraudulence. Lastly, the administrator will ensure that copies are available for the departments request. These steps were completed on 11-4-2021

**PRIMARY BENEFIT:**

To remain in compliance with BHSL Regulatory Compliance Guide

Ensures that DCS EMPLOYEES has successfully completed the annual training to develop their knowledge of regulatory requirements and best practices in the Personal Care Home Operation.

Properly understands the importance of the health, safety, and well-being of the residents who reside in the home

Completion Date: 11/04/2021

**Document Submission****Implemented**

Please See Attach Documentaion

**2. Requirements**

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

3. Initial direct care staff person training to include the following:

- i. Safe management techniques.
- ii. ADLs and IADLs
- iii. Personal hygiene.
- iv. Care of residents with dementia, mental illness, cognitive impairments, an intellectual disability and other mental disabilities.
- v. The normal aging-cognitive, psychological and functional abilities of individuals who are older.
- vi. Implementation of the initial assessment, annual assessment and support plan.
- vii. Nutrition, food handling and sanitation.
- viii. Recreation, socialization, community resources, social services and activities in the community.
- ix. Gerontology.
- x. Staff person supervision, if applicable.
- xi. Care and needs of residents with special emphasis on the residents being served in the home.
- xii. Safety management and hazard prevention.

**65d - Initial Direct Care Training (continued)**

- xiii. Universal precautions.
- xiv. The requirements of this chapter.
- xv. Infection control.
- xvi. Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

**Description of Violation**

*Direct care staff person A, hired on [REDACTED], began providing unsupervised ADL services on or about [REDACTED]. However, the staff person did not complete the following initial direct care staff person training:*

- i. Safe management techniques.*
- ii. ADLs and IADLs*
- iii. Personal hygiene.*
- iv. Care of residents with dementia, mental illness, cognitive impairments, an intellectual disability and other mental disabilities.*
- v. The normal aging-cognitive, psychological and functional abilities of individuals who are older.*
- vi. Implementation of the initial assessment, annual assessment and support plan.*
- vii. Nutrition, food handling and sanitation.*
- viii. Recreation, socialization, community resources, social services and activities in the community.*
- ix. Gerontology.*
- x. Staff person supervision, if applicable.*
- xi. Care and needs of residents with special emphasis on the residents being served in the home.*
- xii. Safety management and hazard prevention.*
- xiii. Universal precautions.*
- xiv. The requirements of this chapter.*
- xv. Infection control.*
- xvi. Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home.*

65d - Initial Direct Care Training (*continued*)**Plan of Correction****Accept**

VIOLATION: 2600.65 (d)

Although the following violation was given, to the homes defense, DCS did complete the mandated Successful completed and passed the Department-approved direct care training course and passing of the competency test. Unfortunately, administrator oddly missed placed DCS #1 copy of his DCS EXAM.

Verification was given by DCS [REDACTED] a copy of [REDACTED] certificate was presented at the time of hire. Administrator is waiting for DCS SI to email me additional copy of [REDACTED] certificate. Therefore, violation 2600.65(d) should be dismissed. In the future, the administrator will make additional copies of ALL DCS EXAMS Copies of the required approved training will be secured in the PCH administrator office in a lock file cabinet for safe guarding. The administrator will also keep a second copy of all trainings in her home to prevent further fraudulence. Lastly, the administrator will ensure that copies are available for the departments request. These steps were completed on 11-4-2021

**PRIMARY BENEFIT:**

To remain in compliance with BHSL Regulatory Compliance Guide

Ensures that DCS EMPLOYEES has successfully completed the annual training to develop their knowledge of regulatory requirements and best practices in the Personal Care Home Operation.

Properly understands the importance of the health, safety, and well-being of the residents who reside in the home

Completion Date: 11/04/2021

**Document Submission****Implemented**

Please See Attachment

## 101j7 - Lighting/Operable Lamp

**1. 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**

Resident #1 does not have access to a source of light that can be turned on/off at bedside.

## 101j7 - Lighting/Operable Lamp (continued)

## Plan of Correction

Accept

*VOLATION: §2600.101(j) 7 LIGHTING /OPERABLE LAMP*

*Although, the violation was given resident #1 does have access to a lamp and it was on her nightstand in ■■■ room. However, the resident tends to move ■■■ lamp from ■■■ nightstand to ■■■ dresser frequently. During the time of inspection; the resident admitted and told the inspector that ■■■ moved ■■■ lamp from ■■■ night stand to ■■■ dresser so ■■■ can read ■■■ bible. No residents were harmed as a result of the deficient practice.*

*The administrator immediately gave resident #1 additional lamp so ■■■ cans a lamp on both nightstand and dresser for ■■■ convince.*

*In the future the homes administrator Tracy Taylor-Barkley will ensure that all residents have access to to a source of light that can be turned on/off at bedside.*

## Monitor

*DCS- Housekeeping-Maintenance will inspect all residents bedrooms daily and give report to the homes administrator. The administrator shall replace any missing lamps within 24 hours of the report.*

*Primary Benefit Natural light provides both physiological and psychological benefits.*

**Completion Date:** 11/03/2021

## Document Submission

Implemented

*Please See Attach Documentation*

## 127a - Portable Space Heaters

## 1. Requirements

2600.

127.a. Portable space heaters are prohibited.

## Description of Violation

*On 11/3/21 there was a portable space heater in resident room 202.*

127a - Portable Space Heaters (continued)

Plan of Correction

Accept

VIOLATION: §2600.127.(a) PORTABLE HEATERS

The homes administrator [redacted] will ensure that home shall provide a safe environment free from any potential fires or injury due to portable space heaters in the building. No residents were harmed as a result of the deficient practice.

The home's manager identified violation and removed the portable space heater out the resident room immediately on 11/3/2021.

In addition the homes administrator TTB has create a system that address the current violation.

The administrator [redacted] will ensure that the manager and housekeeping shall conduct daily environmental checks in all room's i.e. resident rooms, basement, kitchen area, living rooms, bathrooms in the entire building for any portable space heaters.

This will ensure that the home is free from PORTABLE SPACE HEATERS causing any potentially hazardous incidents such as fire, injury or death of a resident or employee. Education was provided to staff and residents immediately regarding why portable space heaters are prohibited in the PCH (home) and the dangers of having one in the home. PRIMARY BENEFIT:

To remain in compliance with BHSL Regulatory Compliance Guide

The Primary Benefit is to protect the health and welfare of the home residents

Portable space heaters are frequent cause of fire and cause burns to residents who come into contact with them.

Lastly, this system allows the home to check on a regular basis to ensure that everyone in the home is safe free from potential fire or death of resident or employee.

Completion Date: 11/03/2021

Document Submission

Implemented

Please See Attach Documentation

183d - Prescription Current

1. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 11/3/21, [redacted] prescribed for resident #1, was in the home's medication cart; however, the medication expired on 10/20/21.

On 11/3/21, [redacted] prescribed for resident #2, was in the home's medication cart; however, the medication expired on 6/10/2021.

183d - Prescription Current (*continued*)

## Plan of Correction

Accept

## VIOLATION: §2600.183.(d) PRESCRIPTION CURRENT (EXPIRED MEDICATIONS)

*Resident expired medications were removed immediately from the homes medication cart and destroyed and/or returned back to the pharmacy as per policy and procedure. Resident's new medication was ordered and delivered by home's pharmacy (Medicare Pharmacy) the next day.*

*Medication carts were audited for expired and/or discontinued medications. None were found. Unused, outdated, discontinued, recalled, or contaminated medications, including controlled substances, shall not be kept in the home and shall be disposed of according to federal guidelines for drug disposal, or to the requirements of the local City of Philadelphia waste management company (e.g., removing the medications from their containers and smashing or liquefying them before mixing them in with garbage).*

*Disposal of these medications shall be documented on the medication administration record or in the resident's record. Documentation shall include the date, name of the medication, the number of pills disposed of, and the signature of the disposer.*

*Monitoring Plan as followed:*

*In the future the homes administrator [REDACTED] and Med Tech [REDACTED] will conduct daily audits and document observations and interventions. Administrator [REDACTED] and [REDACTED] will also conduct weekly medication checks to further ensure residents medications are current.*

*Med Tech [REDACTED] will be re-educated as to the process for proper labeling, destruction and return of discontinued or expired drugs and biological, in accordance with currently accepted professional principles.*

*The process for adherence to proper labeling, destruction and return of discontinued or expired drugs, will take place with monthly audits of medication carts, conducted by the Administrator TTB. This report will be presented at monthly Quality Assurance Performance Improvement meetings for review.*

## PRIMARY BENEFIT:

*To remain in compliance with BHSL Regulatory Compliance Guide.*

*The Primary Benefit is to protect the health and welfare of the home residents.*

*Permits the home to administer medications to its residents.*

*Ensures that medications are administered correctly and safely.*

*Protects residents from any medication errors.*



183d - Prescription Current (*continued*)**Document Submission****Implemented***Please See Attach Documentation*

## 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**

*On 10/16/2021, the glucometer for resident #3 had a reading of 485 and was documented on the Medication Administration Record as 482.*

*Resident #3's glucometer was missing readings for dates 9/24/2021 through 10/2/2021 and then 10/17/2021 through 10/22/2021. The readings were documented but not found in the meter for the resident.*

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

*VIOLATION: §2600.185.(a) IMPELMENT STORAGE PROCEDURES-GLUCOMETER*

*In the future the home's administrator [REDACTED] shall ensure that all residents glucometers will be made available as prescribed by his or her physician. such as liquids, and other bulk medications (e.g, patches, ointment eye drops, injections, etc) shall be ordered into the Pharmacy (MediCare) by the home's Administrator TTB or the Med Tech TG.*

*The administrator TTB and Med Tech will conduct daily audit on all residents Medication and shall reorder all current Medications and PRN Medications when there is a four (4) day supply remaining. In the event that a resident PRN Medication has no refills, the home's administrator or Med Tech shall contact the residents physician within 24hours notifying a new prescription is needed for the resident.*

*The homes Med Tech has been re-educated on the revised facility medication administration policy and the policy on medication storage. [REDACTED] has been observed during medication administration and successfully administered medications in accordance with the facility's revised policy. Random observations of medication administration will be continued as outlined in the Quality Assurance plan.*

*The Primary Benefit is to protect the health and welfare of the homes residents.*

*To remain in compliance with BHSL Regulatory Compliance Guide.*

*Permits the home to administer medications to its residents*

*Ensures that medications are administered correctly and safely*

*Protects residents from any medication errors.*

**Completion Date:** 11/16/2021

**185a - Implement Storage Procedures (continued)****Document Submission****Implemented***Please See The Attach Documentaiton***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] to be taken by mouth daily in the morning . However, this medication was not administered to resident 11/1/21 and 11/2/21 because the medication was not available in the home.*

## 187d - Follow Prescriber's Orders (continued)

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

*VIOLATION: §2600.187 (d) FOLLOW PRESCRIBERS ORDERS-MEDICATION WAS NOT ADMINISTERED*

*In the future the home's administrator [REDACTED] and Med Tech shall ensure that all residents receive [REDACTED] or [REDACTED] medication as prescribe by their PCP/PHYSICIAN on a daily basis. There were no other residents affected by this violation.*

*The corrective action taken to monitor and ensure that the current violation will not reoccur. Shall consist of both the administrator TTB and Med Tech TG conducting daily checks of the MED CART, MEDICATIONS and RESIDENTS MARS are accurate with deficiencies.*

*Monitor:*

*The administrator will monitor compliance with the homes medication policy. This will ensure that ALL residents are receiving his or her medication during the physician's orders daily (time, date, dose).*

*The administrator and Med Tech will coordinate with the pharmacy verifying that all residents' medications date, time and dose are accurate as the PCP/PHYSICAN as prescribed; and set to be delivered in a timely fashion. The home has created and policy and procedures to address the current violation that will utilize the backup pharmacy (RITEAIDE).*

*The Med Tech was re-educated on the acceptance of 2day supply; only if above attempts failed and resident health and safety would be effected by a deal in medication arrival. Training included missing medication, ordering refills, validating medications, specifics for documentation.*

*PRIMARY BENEFIT:*

- The Primary Benefit is to protect the health and welfare of the homes residents.*
- To remain in compliance with BHSL Regulatory Compliance Guide.*
- Permits the home to administer medications to its residents.*
- Ensures that medications are administered correctly and safely.*
- Protects residents from any medication errors.*

**Completion Date:** 11/04/2021

**Document Submission****Implemented**

*Please See Attach Documentation*