CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: FEBRUARY 10, 2023

CA Senior Valley Forge Operator, LLC

RE: Anthology of King of Prussia
350 Guthrie Road
King of Prussia, Pennsylvania 19406
License #: 147881

Dear

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspection June 22, 23, 24, 27, 28, and 30, 2022, July 1, 5, 7, 15, and 19, 2022, August 15, 2022, October 12 and 13, 2022, November 7, 2022, and December 13, 2022 of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance 147880 dated March 23, 2022 to March 23, 2023 and issues you a FIRST PROVISIONAL license to operate the above facility. Additionally, your license dated March 23, 2023 to March 23, 2024 is REVOKED. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. The license dated March 23, 2022 to March 23, 2023 is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. § 1026 (b)(1) ;(4) and 55 Pa. Code § 20.71(a)(2) ;(3) ;(4) ;(5) ;(6) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from February 10, 2023 to August 10, 2023.

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

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

55 Pa. Code Chapter 2600:	Class of Violation	Census at Inspection	Fine Per Resident X Per day	Calculated Fine = Per Day	Mandated Correction Date (to avoid Fine)
65d	II	54	$5	$270	5 calendar days from mailing date of this letter
141a	II	54	$5	$270	5 calendar days from mailing date of this letter
141b	II	54	$5	$270	5 calendar days from mailing date of this letter
185a	II	54	$5	$270	5 calendar days from mailing date of this letter
187b	II	54	$5	$270	5 calendar days from mailing date of this letter
187d	II	54	$5	$270	5 calendar days from mailing date of this letter
234a	II	54	$5	$270	5 calendar days from mailing date of this letter

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

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

If you disagree with the decision to issue a FIRST PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35.

If you decide to appeal your FIRST PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

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

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

Sincerely,

Jamie Buchenauer
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc:

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

Facility Information

Name: *ANTHOLOGY OF KING OF PRUSSIA* **License #**: *14788* **License Expiration**: *03/23/2023*

Addre : *350 GUTHRIE ROAD, KING OF PRUSSIA, PA 19406*

County: *MONTGOMERY* **Region**: *SOUTHEAST*

Administrator

Name: **Phone**: **Email**:

Legal Entity

Name: *CA SENIOR VALLEY FORGE OPERATOR LLC*

Address:

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *102* **Waking Staff**: *77*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Complaint* **Exit Conference Date**: *07/07/2022*

Inspection Dates and Department Representative

06/22/2022 On Site
06/23/2022 On Site
06/24/2022 Off Site
06/27/2022 Off Site
06/28/2022 Off Site
06/30/2022 Off Site
07/01/2022 Off Site
07/05/2022 Off Site
07/07/2022 Off Site

Resident Demographic Data as of Inspection Dates

General Information

Licen e Capacity: *128* **Re ident Served**: *62*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Memory Care* **Capacity**: *28* **Re ident Served**: *28*

Hospice

Current Re ident : *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *61*
Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*
Have Mobility Need: *40* **Have Physical Disability**: *0*

Inspections / Reviews

06/22/2022 Partial

Lead Inspector: **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/28/2022*

01/23/2023 - POC Submission

Submitted By **Date Submitted**: *07/28/2022*
Reviewer:

Submitted By: **Date Submitted**: *01/27/2023*
Reviewer: **Follow-Up Type**: *Enforcement*

15a - Resident Abuse Report

1. Requirements

2600.
15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On 6/17/22, an agent from the Area Agency on Aging visited the home and notified staff person A of alleged sexual abuse of residents #1 and #2 by resident #3. The agent from the Area Agency on Aging also notified staff person A that staff person B was named as a perpetrator of abuse because the staff person was aware of the sexual abuse and not doing anything to prevent it. However, this allegation of abuse was not investigated by the home and the police were not notified until 6/30/22.

POC Submission ***Accept***

Staff Member A and B are no longer employed. An audit of employee files was completed to verify appropriate abuse reporting training. At the time of hire and annually thereafter all employees will receive appropriate abuse reporting training. The business office director will audit files monthly to ensure ongoing compliance.

Licensee's Plan Completion Date: *08/12/2022*

Implemented (- 01/31/2023)

15b - Supervisor Plan

2. Requirements

2600.
15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On 6/17/22, an agent from the Area Agency on Aging visited the home and notified staff person A of alleged sexual abuse of residents #1 and #2 by resident #3. The agent from the Area Agency on Aging also notified staff person A that staff person B was named as a perpetrator of abuse because the staff person was aware of the sexual abuse and not doing anything to prevent it. Staff person B was also accused of physical abused against resident #4. The home did not suspend staff person B nor put the staff person on a plan of supervision.

POC Submission ***Accept***

Staff Member A and B are no longer employed. An audit of all supervisor files has been completed to verify training on abuse reporting and appropriate investigation actions. All supervisors will receive training on abuse reporting and investigation measures at time of hire and annually thereafter. The business office director will audit files monthly to ensure compliance.

Licensee's Plan Completion Date: *08/12/2022*

Implemented 01/31/2023)

15d - Resident Abuse-Notification

3. Requirements

2600.

15d - Resident Abuse-Notification *(continued)*

15.d. The home shall immediately notify the resident and the resident's designated person of a report of suspected abuse or neglect involving the resident.

Description of Violation

On 6/17/22, the home received a report of suspected abuse involving residents #1, #2, #3, and #4. The home did not notify the residents' designated persons.

POC Submission ***Accept***

An audit of all supervisor files has been completed to verify training on abuse reporting and appropriate nvestigation actions. All supervisors will receive training on reporting and investigation measures at time of hire and annually thereafter. The business office director will audit files monthly to ensure compliance.

Licensee's Plan Completion Date: *08/12/2022*

Implemented (- 01/31/2023)

16c Written Incident Report

4. Requirements

2600.

16.c. The home shall report the incident or condition to the Department s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation ***Repeat Violation 3/30/2022***

On 4/5/22, resident #1 eloped from Memory Care. The resident made it to the 5th floor Personal care area. On 06/19/22, resident #5 eloped from the memory care unit and made it to the 1st floor lobby. The resident was found in the lobby by thei The home did not report either incident to the department.

POC Submission ***Accept***

An audit of all supervisor files has been completed to verify training on reporting and appropriate investigation actions. All supervisors will receive training on reporting and investigation measures at time of hire and annually thereafter. The business office director will audit files monthly to ensure compliance.

Licensee's Plan Completion Date: *08/26/2022*

Implementec - 01/31/2023)

23b - Instrumental Activities of Daily Living Assistance

5. Requirements

2600.

23.b. A home shall provide each resident with assistance with IADLs as indicated in the resident's assessment and support plan.

Description of Violation

The assessment and support plan for resident #3, dated indicates the resident requires assistance with judgement and requires supervision because the resident makes unsafe choices. The resident did not receive this assistance as required and as a result sexually assaulted residents #1 and #2.

POC Submission ***Accept***

An audit of care plans is being completed to ensure services are provided as directed. A training on ADLs is being completed with direct care staff. The clinical leadership will receive training on keeping residents safe from sexual predators and supervision of completion of ADLS by direct care staff.

23b - Instrumental Activities of Daily Living Assistance *(continued)*

Licensee's Plan Completion Date: *08/26/2022*

Not Implemented [redacted] - 01/31/2023)

25b Contract Signatures

6. Requirements

2600.
25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated [redacted] for resident #5 was not signed by the resident.

POC Submission ***Accept***

An audit of resident files is being conducted to identify those at risk for not having appropriate documentation. Systemically, at the time of admission the resident will be made aware of their need to sign and be given the opportunity. This record will be retained within the business office. The Business office director will audit new admission paperwork monthly to ensure compliance with random audits completed by the executive director and/or director of sales and marketing.

Licensee's Plan Completion Date: *08/26/2022*

Implemented [redacted] - 01/31/2023)

41a - Complaint w/o Retailiation

7. Requirements

2600.
41.a. Upon admission, each resident and, if applicable, the resident's designated person, shall be informed of resident rights and the right to lodge complaints without intimidation, retaliation, or threats of retaliation of the home or its staff persons against the reporter. Retaliation includes discharge or transfer from the home.

Description of Violation

Resident #1 was admitted on [redacted], the resident's designated person was not informed of resident rights and the right to lodge complaints.

Resident #2 was admitted on [redacted] the resident's designated person was not informed of resident rights and the right to lodge complaints.

POC Submission ***Accept***

An audit of resident files is being conducted to identify those at risk for not having appropriate documentation of resident rights. Systemically, at the time of admission the resident will be made aware of their rights. This record will be retained within the business office. The Business office director will audit new admission paperwork monthly to ensure compliance with random audits completed by the executive director and/or director of sales and marketing.

Licensee's Plan Completion Date: *08/26/2022*

Implemented ([redacted] - 01/31/2023)

41e - Signed Statement

8. Requirements

41e - Signed Statement *(continued)*

2600.
41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

Description of Violation

Resident #5's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

POC Submission ***Accept***

An audit of resident files is being conducted to identify those at risk for not having appropriate documentation. Systemically, at the time of admission the resident will be made aware of their need to sign and be given the opportunity. This record will be retained within the business office. The Business office director will audit new admission paperwork monthly to ensure compliance with random audits completed by the executive director and/or director of sales and marketing.

Licensee's Plan Completion Date: *08/26/2022*

Implemented [redacted] - 01/31/2023)

42b - Abuse

9. Requirements

2600.
42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Beginning in April 2022, Resident #3 began having sexual relationships with Residents #1 and #2. All three residents reside in Memory Care and are not capable of consenting to sexual relations. According to direct care staff, Resident #3 was the aggressor and sought out residents #1 and #2. Staff persons A, B, and C were aware of this and did not make any attempts to protect the residents. Direct care staff were instructed not to separate the residents. The support plan for Resident #3 dated [redacted] states the resident has a history of socially inappropriate behavior and requires supervision because the resident makes unsafe choices. Resident #3 did not begin receiving supervision until 6/26/22.

On 5/16/22, staff persons A, B, and C were notified via an email from Resident #1's designated person that Resident #3 may have given Resident #1 a [redacted]. Staff person B admitted a direct care staff person notified staff person B that Resident #2 was having [redacted] and it may be related to a [redacted]. The home did not have the residents tested for [redacted].

On 4/5/22, resident #1 eloped from Memory Care. The resident made it to the 5th floor Personal care area. On 06/19/22, resident #5 eloped from the memory care unit and made it to the 1st floor lobby. The resident was found in the lobby by their [redacted]

POC Submission ***Accept***

All employees were educated on the abuse and treatment of residents. An audit of employee files was completed to verify appropriate abuse reporting training. At the time of hire and annually thereafter all employees will receive appropriate abuse reporting and treatment of residents training. The business office director will audit files monthly to ensure ongoing compliance.

Licensee's Plan Completion Date: *08/12/2022*

42b - Abuse *(continued)*

Not Implemented [redacted] - 01/31/2023)

42p - Restraints

10. Requirements

2600.
42.p. A resident shall be free from restraints.

Description of Violation

On 6/23/22, the door of resident #1's room was equipped with an exit stopping door alarm. The alarm was installed to keep the resident in his bedroom.

POC Submission ***Accept***

The exit stopping door alarm was removed from the residents bedroom. An audit for any other potential restraint was completed. Moving forward the community will ensure no retreats are present. The director of health and wellness and director of memory care will frequently audit to ensure compliance. The executive director will conduct audits at random to ensure ongoing success.

Licensee's Plan Completion Date: *08/19/2022*

Implemented [redacted] - 01/31/2023)

44a - Complaint Rights

11. Requirements

2600.
44.a. Prior to admission, the home shall inform the resident and the resident's designated person of the right to file and the procedure for filing a complaint with the Department's personal care home regional office, local ombudsman or protective services unit in the area agency on aging, Pennsylvania Protection & Advocacy, Inc. or law enforcement agency.

Description of Violation

Resident #1 was admitted on [redacted] the resident and resident's designated person were not informed about the resident's right to file and the procedure for filing a complaint with the Department's personal care home regional office, local ombudsman or protective services unit in the area agency on aging, Disability Rights Network of Pennsylvania or law enforcement agency.

Resident #2 was admitted on [redacted], the resident and resident's designated person were not informed about the resident's right to file and the procedure for filing a complaint with the Department's personal care home regional office, local ombudsman or protective services unit in the area agency on aging, Disability Rights Network of Pennsylvania or law enforcement agency.

POC Submission ***Accept***

An audit of resident files is being conducted to identify those at risk for not having appropriate documentation of resident rights. Systemically, at the time of admission the resident will be made aware of their rights. This record will be retained within the business office. The Business office director will audit new admission paperwork monthly to ensure compliance with random audits completed by the executive director and/or director of sales and marketing.

Licensee's Plan Completion Date: *08/26/2022*

Implemented ([redacted] - 01/31/2023)

44d - Complaint Investigation

12. Requirements

2600.
44.d. The home shall ensure investigation and resolution of complaints. The home shall designate the staff person responsible for receiving complaints and determining the outcome of the complaint.

Description of Violation

On 5/16/22, resident #1's designated filed a complaint regarding resident #1's safety in the home with staff persons A, B, and C. The home did not investigate the complaint.

POC Submission ***Accept***

Staff Member A, B, C are no longer employed at the community. An audit of all supervisor files has been completed to verify training on reporting and appropriate investigation actions. All supervisors will receive training on reporting and investigation measures at time of hire and annually thereafter. The business office director will audit files monthly to ensure compliance.

Licensee's Plan Completion Date: *08/26/2022*

Implemented - 01/31/2023)

44e - Complaint Submission

13. Requirements

2600.
44.e. Within 2 business days after the submission of a written complaint, a status report shall be provided by the home to the complainant. If the resident is not the complainant, the resident and the resident's designated person shall receive the status report unless contraindicated by the support plan. The status report must indicate the steps that the home is taking to investigate and address the complaint.

Description of Violation

On 5/16/22, a written complaint regarding resident #1's safety was filed in the home. The home did not provide a status report to the resident's designated person.

POC Submission ***Accept***

Community supervisors were inserviced on the complaint procedures and appropriate documentation expectations. The community will adhere to the procedures and all new supervisors will receive this training at time of hire and annually thereafter. The executive director and/or designee will monitor complaint submissions on a weekly basis for ongoing compliance.

Licensee's Plan Completion Date: *08/12/2022*

Implemented /31/2023)

65a - FS Orientation 1st Day

15. 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.

65a - FS Orientation 1st Day *(continued)*

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 *Repeat Violation 8/24/2022*

Staff person D, whose first day of work was [redacted] did not receive orientation on the following topics until 6/12/22:
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.

Staff person E, whose first day of work was [redacted], did not receive orientation on the following topics until 6/6/22:
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.

POC Submission ***Accept***

An Audit of employee files is being completed to verify appropriate training for all employees. A new business office director has been hired and will verify the appropriate training is in place. The business office director will work in conjunction with the director of health and wellness to ensure appropriate training is completed in accordance with State regulations. The business office director will audit the new hires weekly to verify appropriate training with the director of health and wellness and/or executive director completing random audits to monitor for ongoing compliance.

Licensee's Plan Completion Date: *08/12/2022*

Implemented [redacted] - 01/31/2023)

85a - Sanitary Conditions

16. Requirements

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

Description of Violation

On 6/22/22, the dishwasher in the main kitchen was dirty and covered with grime. The kitchen floor was wet and there were big spots of water around the dishwasher.

POC Submission ***Accept***

The culinary team will be inserviced on proper cleanliness expectations of the kitchen. The director of culinary will

85a - Sanitary Conditions (continued)

complete weekly audits to ensure compliance and the executive director will randomly audit to monitor ongoing success.

Licensee's Plan Completion Date: *08/12/2022*

Implemented [redacted] - 01/31/2023)

85b - Infestation

17. Requirements

2600.
85.b. There may be no evidence of infestation of insects or rodents in the home.

Description of Violation

In the second floor hallway, the wood handrails were covered with dead mosquitos.

POC Submission ***Accept***

The housekeeping staff immediately addressed the mosquitos. The housekeeping scheduled was audited by the director of plant operations to ensure its effectiveness within the community. The community will randomly conduct nspections to ensure ongoing sanitization and cleanliness of the community overall.

Licensee's Plan Completion Date: *08/12/2022*

Implemented [redacted] - 01/31/2023)

85d - Trash Receptacles

18. Requirements

2600.
85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 6/22/22 there were 3 full, uncovered, unattended trash cans in the kitchen.

POC Submission ***Accept***

The culinary team will be inservice on proper cleanliness expectations of the kitchen. The director of culinary will complete weekly audits to ensure compliance and the executive director will randomly audit to monitor ongoing success.

Licensee's Plan Completion Date: *08/12/2022*

Implemented [redacted] - 01/31/2023)

103b - Clean/Sanitized Kitchen Surfaces

19. Requirements

2600.
103.b. Kitchen surfaces must be of a nonporous material and cleaned and sanitized after each meal.

Description of Violation

On 6/22/22, a dirty trash can lid was on the top of the dishwashing sink.

POC Submission ***Accept***

The trash can lid was removed from the dishwashing sink. The culinary team will be inserviced on proper

103b - Clean/Sanitized Kitchen Surfaces (continued)

cleanliness expectations of the kitchen. The director of culinary will complete weekly audits to ensure compliance and the executive director will randomly audit to monitor ongoing success.

Licensee's Plan Completion Date: *08/12/2022*

Implemented [redacted] - 01/31/2023)

103c - Food Protected

20. Requirements

2600.
103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

Description of Violation

On 6/22/22 here was an uncovered tray of salmon stored in the main refrigerator.

POC Submission ***Accept***

The director of culinary and members of the culinary team were educated on proper food storage procedures. New culinary team members will complete this training at time of hire and staff will review no less than annually there after.

Licensee's Plan Completion Date: *08/12/2022*

Implemented [redacted] - 01/31/2023)

103d - Storing Food Off Floor

21. Requirements

2600.
103.d. Food shall be stored off the floor.

Description of Violation

On 6/22/22, there were 4 boxes of 48 bottles each and 10 cases of 6 gallons each of water stored on the floor near the elevator lobby *Repeat Violation: 8/24/22*

POC Submission ***Accept***

The director of culinary and members of the culinary team were educated on proper food storage procedures. New culinary team members will complete this training at time of hire and staff will review no less than annually there after.

Licensee's Plan Completion Date: *08/12/2022*

Implemented [redacted] 01/31/2023)

103g - Storing Food

22. Requirements

2600.
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

On 6/22/22, there was one tray of salmon in the main refrigerator that was opened and unsealed.

Repeat Violation: 8/24/22

POC Submission ***Accept***

The director of culinary and members of the culinary team were educated on proper food storage procedures. New

103g - Storing Food (continued)

culinary team members will complete this training at time of hire and staff will review no less than annually there after.

Licensee's Plan Completion Date: *08/12/2022*

Implemented [redacted] - 01/31/2023)

141a 1 10 Medical Evaluation Information

23. Requirements

2600.
141.a. A resident shall have a medical evaluation by a physician, physician s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #5's medical evaluation dated [redacted] did not include special health or dietary needs of the resident.

POC Submission Repeat Violation: 8/24/22 ***Accept***

Resident #5's physician has been notified to review special health and dietary needs. An audit of resident files is being completed to verify appropriate documentation on all medical evaluations. The director of health and wellness will audit new admission paperwork prior to admission to verify appropriate documentation is in place. The executive director and/or designee will audit new admission files monthly to ensure compliance.

Licensee's Plan Completion Date: *08/26/2022*

Not Implemented [redacted] - 01/31/2023)

162c - Menus Posted

24. Requirements

2600.
162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home's menu for the week of 6/20/22 was posted. However, the menu for 1 week in advance was not posted.

POC Submission ***Accept***

The weekly menu has been posted appropriately. The director of culinary will ensure the menu is posted at least 1 week in advance in accordance to the regulation. The executive director and/or designee will obtain a copy of the menu and retain records to ensure ongoing compliance.

Licensee's Plan Completion Date: *08/12/2022*

162c - Menus Posted *(continued)*

Implemented [redacted] - 01/31/2023)

191 - Resident Right to Refuse

25. Requirements

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

Description of Violation

Resident 1, admitted [redacted] has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Resident 2, admitted [redacted], has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Resident 3, admitted [redacted], has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Resident 5, admitted [redacted] has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

POC Submission ***Accept***

An audit of resident files is being conducted to identify those at risk for not having appropriate documentation of right to refuse. Systemically, at the time of admission the resident will be made aware of their rights to question or refuse a medication if they believe there may be a medication error. This record will be retained within the business office. The Business office director will audit new admission paperwork monthly to ensure compliance with random audits completed by the executive director and/or director of health and wellness.

Licensee's Plan Completion Date: *08/26/2022*

Implemented [redacted] 01/31/2023)

202 - Prohibitions

26. Requirements

2600.
202. The following procedures are prohibited:
1. Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited. This does not include the admission of a resident in a secured dementia care unit in accordance with § 2600.231 (relating to admission).
2. Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.
3. Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.
4. A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited. A chemical restraint does not include a drug ordered by a physician or dentist to treat the symptoms of a specific mental, emotional or behavioral condition, or as pretreatment prior to a medical or dental examination or treatment.

202 - Prohibitions *(continued)*

5. Mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited. Mechanical restraints include geriatric chairs, handcuffs, anklets, wristlets, camisoles, helmet with fasteners, muffs and mitts with fasteners, poseys, waist straps, head straps, papoose boards, restraining sheets, chest restraints and other types of locked restraints. A mechanical restraint does not include a device used to provide support for the achievement of functional body position or proper balance that has been prescribed by a medical professional as long as the resident can easily remove the device.
6. A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited. A manual restraint does not include prompting, escorting or guiding a resident to assist in the ADLs or IADLs.

Description of Violation

On 6/23/22, the door of resident #1's room was equipped with an exit stopping door alarm. The alarm was installed to keep the resident in his bedroom.

POC Submission ***Accept***

The exit stopping door alarm was removed from the residents bedroom. An audit for any other potential restraint was completed. Moving forward the community will ensure no retreats are present. The director of health and wellness and director of memory care will frequently audit to ensure compliance. The executive director will conduct audits at random to ensure ongoing success.

Licensee's Plan Completion Date: *08/19/2022*

Implemented [redacted] - 01/31/2023)

224a - Preadmission Screen Form

27. Requirements

2600.
224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #4 was admitted to the home on [redacted]; however, the resident's preadmission screening form was completed on 4/1/21.

POC Submission ***Accept***

Education was provided to the director of health and wellness regarding preadmission screenings. An audit of resident files was completed to identify any others at risk. The director of health and wellness will verify readmission screenings are in place and in accordance with regulation. The director of health and wellness and/or designee will audit resident files monthly. The executive director will audit resident records randomly to ensure ongoing success.

Licensee's Plan Completion Date: *08/26/2022*

Implemented [redacted] - 01/31/2023)

225a - Assessment 15 Days

28. Requirements

2600.
225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

225a - Assessment 15 Days *(continued)*

Description of Violation

Resident #6 was admitted on [redacted] however, the resident's assessment was not completed until 6/12/22.

POC Submission ***Accept***

Education was provided to the director of health and wellness regarding support plan creation. Education was provided to the nursing team who also supported memory care regarding the timing of the support plan. An audit of resident
files was completed to identify any other support plans. The director of health and wellness will verify support plans are created timely and monitor this weekly. The executive director will audit support plans weekly to ensure appropriate timing and new admission records will be audited monthly to ensure ongoing compliance.

Licensee's Plan Completion Date: *08/26/2022*

Implemented ([redacted] - 01/31/2023)

227a - Support Plan 30 Days

29. Requirements

2600.
227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident #6 was admitted on [redacted] however, the resident's initial support plan was not completed until 6/12/22.

POC Submission ***Accept***

Education was provided to the director of health and wellness regarding support plan creation. Education was provided to the nursing team who also supported memory care regarding the timing of the support plan. An audit of resident
files was completed to identify any other support plans. The director of health and wellness will verify support plans are created timely and monitor this weekly. The executive director will audit support plans weekly to ensure appropriate timing and new admission records will be audited monthly to ensure ongoing compliance.

Licensee's Plan Completion Date: *08/26/2022*

Implemented ([redacted] - 01/31/2023)

231b - Medical Evaluation

30. Requirements

2600.
231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation *Repeat Violation 3/30/2022 & 6/18/2022*

Resident #4 was admitted to the Secure Dementia Care Unit (SDCU) on [redacted] however, the resident's does not have a medical evaluation that indicates the need for the resident to be served in a secured dementia care unit.

Resident #5 was admitted to the Secure Dementia Care Unit (SDCU) on [redacted]; however, the resident's does not have a medical evaluation that indicates the need for the resident to be served in a secured dementia care unit.

231b - Medical Evaluation (continued)

POC Submission ***Accept***

An audit of those admitted to the secure dementia care unit is being completed to identify those at risk. Resident #4 and #5 have their physicians notified for medical evaluation to determinate suitability within memory care. The director of health and wellness will audit new admission paperwork prior to admission to the SDCU to verify appropriate documentation is in place. The director of memory care and/or designee will audit new admission files monthly to ensure compliance with random audits completed by the executive director.

Licensee's Plan Completion Date: *08/26/2022*

Implemented (/31/2023)

231c - Preadmission Screening

31. Requirements

2600.
231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident #6 was admitted to the Secure Dementia Care Unit (SDCU) on However, the resident's written cognitive preadmission screening was not dated.

Repeat Violation 8/24/22

POC Submission ***Accept***

Education was provided to the director of health and wellness regarding readmission screenings. An audit of resident files was completed to identify any others at risk. The director of health and wellness will verify readmissions screenings are done in accordance with regulation. The executive director will audit new admission records monthly to ensure ongoing compliance.

Licensee's Plan Completion Date: *08/26/2022*

Implemented - 01/31/2023)

234a - Admission Support Plan

32. Requirements

2600.
234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident #3 was admitted to the Secure Dementia Care Unit (SDCU) on However, the resident's initial support plan was completed on 5/22/22.

Resident #4 was admitted to the Secure Dementia Care Unit (SDCU) on . However, the resident's initial support plan was completed on 2/3/22.

Resident #6 was admitted to the Secure Dementia Care Unit (SDCU) on . However, the resident's initial support plan was completed on 6/22/22.

Repeat Violation: 8/24/22

234a - Admission Support Plan *(continued)*

POC Submission ***Accept***

Education was provided to the director of health and wellness regarding support plan creation. Education was provided to the nursing team who also supported memory care regarding the timing of the support plan. An audit of resident
files was completed to identify any other support plans. The director of health and wellness will verify support plans are created timely and monitor this weekly. The executive director will audit support plans weekly to ensure appropriate timing and new admission records will be audited monthly to ensure ongoing compliance.

Licensee's Plan Completion Date: *08/26/2022*

Not Implemented (- 01/31/2023)

252 - Record Content

33. Requirements

2600.
252. Content of Resident Records - Each resident’s record must include the following information:

Description of Violation

Resident 1's record does not include the resident's social security number and a record of incident reports for the individual resident.

Resident 2's record does not include resident's social security number and a record of incident reports for the individual resident.

Resident 3's record does not include record of incident reports for the individual resident.

Resident 4's record does not include record of incident reports for the individual resident.

Resident 5's record does not include record of incident reports for the individual resident.

POC Submission ***Accept***

Resident #1 and Resident #2 will have social security numbers entered into their records. A training will be completed with community staff on incident reports and appropriate documentation. The director of health and wellness and/or designee will monitor progress notes to ensure that incident records are created appropriately with the executive director reviewing no less than monthly for ongoing compliance. The business office director will audit resident files at the time of move in and randomly thereafter to ensure social security numbers are present in the record.

Licensee's Plan Completion Date: *08/26/2022*

Implemented (01/31/2023)