

Department of Human Services
Bureau of Human Service Licensing

September 15, 2022

[REDACTED]

HAP SENIOR CARE
5130 TUSCARAWAS ROAD
BEAVER, PA, 15009

RE: BEAVER MEADOWS
5130 TUSCARAWAS ROAD
BEAVER, PA, 15009
LICENSE/COC#: 41801

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/22/2022, 06/23/2022, 06/27/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *BEAVER MEADOWS* License #: *41801* License Expiration: *12/12/2022*
Address: *5130 TUSCARAWAS ROAD, BEAVER, PA 15009*
County: *BEAVER* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *HAP SENIOR CARE*
Address: *5130 TUSCARAWAS ROAD, BEAVER, PA, 15009*
[REDACTED] [REDACTED] [REDACTED] [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *11/12/2002* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *69* Waking Staff: *52*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Complaint, Incident* Exit Conference Date: *06/23/2022*

Inspection Dates and Department Representative

06/22/2022 - On-Site: [REDACTED]
06/23/2022 - On-Site: [REDACTED]
06/27/2022 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *83* Residents Served: *49*

Secured Dementia Care Unit

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

Hospice

Current Residents: *8*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *49*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *20* Have Physical Disability: *1*

Inspections / Reviews

06/22/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/18/2022*

Inspections / Reviews (*continued*)

07/26/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *07/28/2022*

08/02/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *08/09/2022*

09/15/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

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 [redacted] resident #1 was secluded in his/her room for approximately 5 minutes while staff person A and staff person B stood in the hallway outside of the resident's room. Staff person A stood with his/her hands on the resident's door, arms extended, preventing the door from opening. Resident #1 was very upset and distressed. The resident was yelling and throwing items, such as [redacted], at his/her bedroom door while being secluded in the bedroom. Resident #1, who has a [redacted], was able to recall the event to staff person D approximately two hours later. At approximately 6:45 a.m., resident #1 told staff person D that he/she didn't want to be in the home anymore and was scared. Resident #1 also stated that that the staff are mean to him/her, don't listen to him/her, and the staff closed doors on the resident last night. Resident #1 was visibly upset, pacing back and forth while recalling this incident, and was refusing to eat breakfast.

This allegation of abuse was not reported in accordance with the Older Adult Protective Services until [redacted]

Plan of Correction

Accept

- Upon Administrator learning of suspected abuse/abuse, while simultaneously initiating an immediate investigation, Administrator will immediately complete required reporting process to the local Area Agency on Aging.
- Staff person A was terminated at conclusion of investigation.
- All staff was re-educated by Administrator and Nursing Care Supervisor on reporting suspected abuse/abuse immediately.
- All staff will be educated on regulation 55 PA code 2600.15.a. by July 31st, 2022 by Administrator and Nursing Care Supervisor.
- The Administrator or designee will monitor allegations of abuse monthly to ensure compliance with regulation 55 PA code 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.

Completion Date: 07/31/2022

Document Submission

Implemented

- Upon Administrator learning of suspected abuse/abuse, while simultaneously initiating an immediate investigation, Administrator will immediately complete required reporting process to the local Area Agency on Aging.
- Staff person A was terminated at conclusion of investigation.
- All staff was re-educated by Administrator and Nursing Care Supervisor on reporting suspected abuse/abuse immediately.
- All staff will be educated on regulation 55 PA code 2600.15.a. by July 31st, 2022 by Administrator and Nursing Care Supervisor.
- The Administrator or designee will monitor allegations of abuse monthly to ensure compliance with regulation 55

15a - Resident Abuse Report (continued)

PA code 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.

16c - Written Incident Report

1. 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

On [redacted] resident #1 was secluded in his/her room for approximately 5 minutes while staff person A and staff person B stood in the hallway outside of the resident’s room. Staff person A stood with his/her hands on the resident’s door, arms extended, preventing the door from opening. Resident #1 was very upset and distressed. The resident was yelling and throwing items, such as [redacted], at his/her bedroom door while being secluded in the bedroom. Resident #1, who has a [redacted], was able to recall the event to staff person D approximately two hours later. At approximately 6:45 a.m., resident #1 told staff person D that he/she didn’t want to be in the home anymore and was scared. Resident #1 also stated that that the staff are mean to him/her, don’t listen to him/her, and the staff closed doors on the resident last night. Resident #1 was visibly upset, pacing back and forth while recalling this incident, and was refusing to eat breakfast.

This allegation of abuse was not reported to the Department until [redacted]

Plan of Correction

Accept

- Upon Administrator learning of suspected abuse/abuse, while simultaneously initiating an immediate investigation, Administrator will immediately complete required reporting process to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours.
- Staff person A was terminated at conclusion of investigation.
- All staff was re-educated by Administrator and Nursing Care Supervisor on reporting suspected abuse/abuse immediately.
- All nursing staff will be educated on regulation 55 PA code 2600.16.c. by July 31st, 2022 by Administrator and Nursing Care Supervisor.
- The Administrator or designee will monitor written incident reports monthly to ensure compliance with regulation 55 PA code 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).

Completion Date: 07/31/2022

Document Submission

Implemented

- Upon Administrator learning of suspected abuse/abuse, while simultaneously initiating an immediate

16c - Written Incident Report (continued)

investigation, Administrator will immediately complete required reporting process to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours.

- Staff person A was terminated at conclusion of investigation.

- All staff was re-educated by Administrator and Nursing Care Supervisor on reporting suspected abuse/abuse immediately.

- All nursing staff will be educated on regulation 55 PA code 2600.16.c. by July 31st, 2022 by Administrator and Nursing Care Supervisor.

- The Administrator or designee will monitor written incident reports monthly to ensure compliance with regulation 55 PA code 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).

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

On [redacted] the laptop on the medication cart in the East hallway was unlocked, unattended, and accessible. Resident medication information was easily accessible to include resident #2.

On [redacted] an electronic tablet on a couch in the sitting area was unlocked, unattended, and accessible. Documentation of resident bowel and urinary incontinences was easily accessible to include [redacted]

Plan of Correction

Accept

- During the survey, it was found that a laptop and tablet were left unlocked and unattended. The laptop and tablet were both immediately locked or supervised. All other computers and tablets were checked and in compliance. Tablet setting was increased so that it automatically locks after 2 minutes instead of 5 minutes.

- Med techs or designee will monitor record confidentiality daily to ensure that all records are kept confidential.

- The Administrator and Nursing Care Supervisor began training nursing staff on 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. This education will be complete by July 31st, 2022.

- The Administrator or designee will monitor resident records monthly to ensure compliance with regulation 55 PA code 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.

17 - Record Confidentiality (continued)

Completion Date: 07/31/2022

Document Submission

Implemented

- During the survey, it was found that a laptop and tablet were left unlocked and unattended. The laptop and tablet were both immediately locked or supervised. All other computers and tablets were checked and in compliance. Tablet setting was increased so that it automatically locks after 2 minutes instead of 5 minutes.
- Med techs or designee will monitor record confidentiality daily to ensure that all records are kept confidential.
- The Administrator and Nursing Care Supervisor began training nursing staff on 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. This education will be complete by July 31st, 2022.
- The Administrator or designee will monitor resident records monthly to ensure compliance with regulation 55 PA code 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.

42b - Abuse

1. 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

On [redacted] resident #1 was secluded in his/her room for approximately 5 minutes while staff person A and staff person B stood in the hallway outside of the resident's room. Staff person A stood with his/her hands on the resident's door, arms extended, preventing the door from opening. Resident #1 was very upset and distressed. The resident was yelling and throwing items, such as [redacted], at his/her bedroom door while being secluded in the bedroom. Resident #1, who has a [redacted], was able to recall the event to staff person D approximately two hours later. At approximately 6:45 a.m., resident #1 told staff person D that he/she didn't want to be in the home anymore and was scared. Resident #1 also stated that that the staff are mean to him/her, don't listen to him/her, and the staff closed doors on the resident last night. Resident #1 was visibly upset, pacing back and forth while recalling this incident, and was refusing to eat breakfast.

Plan of Correction

Accept

- Upon Administrator learning of suspected abuse/abuse, while simultaneously initiating an immediate investigation, Administrator will immediately complete required reporting process to all reporting agencies.
- Staff person A was terminated at conclusion of investigation.

42b - Abuse (continued)

- All staff was re-educated by Administrator and Nursing Care Supervisor on reporting suspected abuse/abuse immediately.
- All staff will be educated on regulation 55 PA code 2600.42.b. by July 31st, 2022 by Administrator and Nursing Care Supervisor.
- Moving forward, upon Administrator learning of suspected abuse/abuse, while simultaneously initiating an immediate investigation, Administrator or designee will immediately complete a re-education of all staff.
- The Administrator or designee will interview at least 5 residents, individually, in private, on a monthly basis to ensure residents are free from abuse, neglect, and seclusion. Documentation of interviews will be kept.
- The Administrator or designee will monitor monthly to ensure compliance with regulation 55 PA code 2600.42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Completion Date: 07/31/2022

Document Submission

Implemented

- Upon Administrator learning of suspected abuse/abuse, while simultaneously initiating an immediate investigation, Administrator will immediately complete required reporting process to all reporting agencies.
- Staff person A was terminated at conclusion of investigation.
- All staff was re-educated by Administrator and Nursing Care Supervisor on reporting suspected abuse/abuse immediately.
- All staff will be educated on regulation 55 PA code 2600.42.b. by July 31st, 2022 by Administrator and Nursing Care Supervisor.
- Moving forward, upon Administrator learning of suspected abuse/abuse, while simultaneously initiating an immediate investigation, Administrator or designee will immediately complete a re-education of all staff.
- The Administrator or designee will interview at least 5 residents, individually, in private, on a monthly basis to ensure residents are free from abuse, neglect, and seclusion. Documentation of interviews will be kept.
- The Administrator or designee will monitor monthly to ensure compliance with regulation 55 PA code 2600.42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

81b - Resident Personal Equipment

1. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

Resident #4's bed has an [redacted] with an opening of approximately [redacted] posing an entrapment hazard.

Resident #5's bed has [redacted] with an opening of approximately [redacted] loosely covered by a pillow case, posing an entrapment hazard.

81b - Resident Personal Equipment (*continued*)**Plan of Correction****Accept**

- Resident families were contacted by Nursing Care Supervisor to provide new [REDACTED] that do not pose an entrapment risk for the residents. All other resident rooms were inspected to ensure that wheelchairs, walkers, prosthetic devices and other apparatus used by residents were clean, in good repair, and free of hazards. There were no other devices that posed a hazard.
- A new [REDACTED] with a cover was installed for resident #4. A mesh cover with a draw string was installed for resident #5. These covers mitigate the entrapment hazard.
- The Administrator and Nursing Care Supervisor began training nursing staff on 2600.81.b Wheelchairs, walkers, prosthetic devices, and other apparatus used by residents must be clean, in good repair, and free of hazards. This education will be completed by July 31st, 2022.
- The Administrator or designee will monitor resident equipment monthly to ensure compliance with regulation 55 PA code 2600.81.b Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Completion Date: 07/31/2022**Document Submission****Implemented**

- Resident families were contacted by Nursing Care Supervisor to provide new [REDACTED] that do not pose an entrapment risk for the residents. All other resident rooms were inspected to ensure that wheelchairs, walkers, prosthetic devices and other apparatus used by residents were clean, in good repair, and free of hazards. There were no other devices that posed a hazard.
- A [REDACTED] with a cover was installed for resident #4. A mesh cover with a draw string was installed for resident #5. These covers mitigate the entrapment hazard.
- The Administrator and Nursing Care Supervisor began training nursing staff on 2600.81.b Wheelchairs, walkers, prosthetic devices, and other apparatus used by residents must be clean, in good repair, and free of hazards. This education will be completed by July 31st, 2022.
- The Administrator or designee will monitor resident equipment monthly to ensure compliance with regulation 55 PA code 2600.81.b Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

84 - Heat Sources

1. Requirements

2600.

84. Heat Sources - Heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters and radiators exceeding 120° F that are accessible to the resident must be equipped with protective guards or insulation to prevent the resident from coming in contact with the heat source.

Description of Violation

On 6/22/22 at approximately 1:26pm, the temperature of the surface of the wall mounted heaters was 165 degrees Fahrenheit. There is no protective guards on these heaters which poses a burn hazard.

Plan of Correction**Accept**

- The maintenance technician disconnected the wall mounted heaters so that they are inoperable and will no longer exceed 120 degrees F.
- On 06/22/2022 the Maintenance Technician inspected heat sources accessible to residents, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters and radiators, to ensure that they do not exceed

84 - Heat Sources (continued)

120 degrees F.

- Maintenance Technician was educated by the Administrator on 06/24/2022 on 55 PA Code 2600.84 Heat Sources – heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters and radiators exceeding 120 degrees F that are accessible to the resident must be equipped with protective guards or insulation to prevent the resident from coming in contact with the heat source. No other heat sources accessible to residents were found to exceed 120 degrees F.

- The Maintenance Technician will monitor on a weekly basis for one month and then monthly to ensure compliance with regulation 55 PA Code 2600.84 Heat Sources – heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters and radiators exceeding 120 degrees F that are accessible to the resident must be equipped with protective guards or insulation to prevent the resident from coming in contact with the heat source.

Completion Date: 06/24/2022

Document Submission

Implemented

- The maintenance technician disconnected the wall mounted heaters so that they are inoperable and will no longer exceed 120 degrees F.

- On 06/22/2022 the Maintenance Technician inspected heat sources accessible to residents, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters and radiators, to ensure that they do not exceed 120 degrees F.

- Maintenance Technician was educated by the Administrator on 06/24/2022 on 55 PA Code 2600.84 Heat Sources – heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters and radiators exceeding 120 degrees F that are accessible to the resident must be equipped with protective guards or insulation to prevent the resident from coming in contact with the heat source. No other heat sources accessible to residents were found to exceed 120 degrees F.

- The Maintenance Technician will monitor on a weekly basis for one month and then monthly to ensure compliance with regulation 55 PA Code 2600.84 Heat Sources – heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters and radiators exceeding 120 degrees F that are accessible to the resident must be equipped with protective guards or insulation to prevent the resident from coming in contact with the heat source.

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

On 6/22/22 at 11:09 a.m., the temperature in the west kitchenette freezer was 3 degrees Fahrenheit and at 1:25 p.m. it was still 3 degrees Fahrenheit.

Plan of Correction

Accept

- Kitchenette is not currently operational as renovation is not complete. There was no food requiring refrigeration or frozen food. Temperature for the freezer was lowered by Administrator on 06/22/2022 so that it measured -6 degrees F.

- Food Service Staff will be educated on regulation 55 PA code 2600.103.f Food requiring refrigeration shall be stored at or below 40 degrees F. Frozen food shall be kept at or below 0 degrees F. Thermometers are required in refrigerators and freezers. by July 31st, 2022 by Administrator.

103f - Refrigerator/Freezer Temps (continued)

- The Director of Food Service reviewed all refrigerators and freezers in the building on 06/22/2022 to ensure that they are compliant with regulation 55 PA code 2600.103.f Food requiring refrigeration shall be stored at or below 40 degrees F. Frozen food shall be kept at or below 0 degrees F. Thermometers are required in refrigerators and freezers. All other freezers and refrigerators were the correct temperature.
- The Maintenance Technician will monitor on a weekly basis for one month and then monthly to ensure compliance with regulation 2600.103.f.

Completion Date: 07/31/2022

Document Submission

Implemented

- Kitchenette is not currently operational as renovation is not complete. There was no food requiring refrigeration or frozen food. Temperature for the freezer was lowered by Administrator on 06/22/2022 so that it measured -6 degrees F.
- Food Service Staff will be educated on regulation 55 PA code 2600.103.f Food requiring refrigeration shall be stored at or below 40 degrees F. Frozen food shall be kept at or below 0 degrees F. Thermometers are required in refrigerators and freezers. by July 31st, 2022 by Administrator.
- The Director of Food Service reviewed all refrigerators and freezers in the building on 06/22/2022 to ensure that they are compliant with regulation 55 PA code 2600.103.f Food requiring refrigeration shall be stored at or below 40 degrees F. Frozen food shall be kept at or below 0 degrees F. Thermometers are required in refrigerators and freezers. All other freezers and refrigerators were the correct temperature.
- The Maintenance Technician will monitor on a weekly basis for one month and then monthly to ensure compliance with regulation 2600.103.f.

121a - Unobstructed Egress

1. Requirements

- 2600.
- 121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 6/22/22 at approximately 11:00 a.m., there was a large table with chairs partially blocking egress from the home's west dining room emergency exit, leaving only approximately 37 inches of clearance.

Plan of Correction

Accept

- Table and chairs were moved by the Administrator further away from the door on 06/22/2022 so that the egress route was unobstructed.
- On 06/22/2022 the Maintenance Technician inspected all stairways, hallways, doorways, passageways, and egress routes to ensure compliance with 55 PA Code 2600.121.a Stairways, hallways, doorways, passageways, and egress routes from rooms and from the building must be unlocked and unobstructed. All other stairways, hallways, doorways, passageways, and egress were unobstructed.
- Maintenance Technician was educated by the Administrator on 06/24/2022 on 55 PA Code 2600.121.a Stairways, hallways, doorways, passageways, and egress routes from rooms and from the building must be unlocked and unobstructed.
- The Maintenance Technician will monitor on a weekly basis for one month and then monthly to ensure compliance with regulation 55 PA Code 2600.121.a Stairways, hallways, doorways, passageways, and egress routes from rooms and from the building must be unlocked and unobstructed.

121a - Unobstructed Egress (continued)

Completion Date: 06/24/2022

Document Submission

Implemented

- Table and chairs were moved by the Administrator further away from the door on 06/22/2022 so that the egress route was unobstructed.
- On 06/22/2022 the Maintenance Technician inspected all stairways, hallways, doorways, passageways, and egress routes to ensure compliance with 55 PA Code 2600.121.a Stairways, hallways, doorways, passageways, and egress routes from rooms and from the building must be unlocked and unobstructed. All other stairways, hallways, doorways, passageways, and egress were unobstructed.
- Maintenance Technician was educated by the Administrator on 06/24/2022 on 55 PA Code 2600.121.a Stairways, hallways, doorways, passageways, and egress routes from rooms and from the building must be unlocked and unobstructed.
- The Maintenance Technician will monitor on a weekly basis for one month and then monthly to ensure compliance with regulation 55 PA Code 2600.121.a Stairways, hallways, doorways, passageways, and egress routes from rooms and from the building must be unlocked and unobstructed.

132a - Monthly Fire Drill

1. Requirements

- 2600.
- 132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

An unannounced fire drill was not held during the month of December 2021.

Plan of Correction

Accept

- Beaver Meadows was unable to complete a monthly fire drill in December 2021 due to several active cases of COVID-19. On December 17th, 2021, a bell and strobe test was completed. One on one training was also completed with the staff. This was documented on the fire drill record. It is understood that the monthly fire drills were to resume in December 2021. If a facility was unable to complete a full fire drill due to an outbreak, the fire drill record should be documented to include contact with the Regional Director, why the drill was not completed or modified, and what was done. The email containing the Guidance of Reinstatement for regulations was not received until December 22, 2022.
- Education was completed by Administrator for maintenance technician regarding fire drills on June 24, 2022. The education included regulation 55 PA Code 2600.132(a) - An unannounced fire drill shall be held at least once a month and the instructions on what to do if a fire drill cannot be held due to an outbreak. This education was completed June 24, 2022.
- The Administrator of designee will monitor on a monthly basis regulation 55 PA Code 2600.132(a) - An unannounced fire drill shall be held at least once a month.

Completion Date: 06/24/2022

Document Submission

Implemented

- Beaver Meadows was unable to complete a monthly fire drill in December 2021 due to several active cases of COVID-19. On December 17th, 2021, a bell and strobe test was completed. One on one training was also completed with the staff. This was documented on the fire drill record. It is understood that the monthly fire drills were to resume in December 2021. If a facility was unable to complete a full fire drill due to an outbreak, the fire drill

132a - Monthly Fire Drill (continued)

record should be documented to include contact with the Regional Director, why the drill was not completed or modified, and what was done. The email containing the Guidance of Reinstatement for regulations was not received until December 22, 2022.

- Education was completed by Administrator for maintenance technician regarding fire drills on June 24, 2022. The education included regulation 55 PA Code 2600.132(a) - An unannounced fire drill shall be held at least once a month and the instructions on what to do if a fire drill cannot be held due to an outbreak. This education was completed June 24, 2022.

- The Administrator of designee will monitor on a monthly basis regulation 55 PA Code 2600.132(a) - An unannounced fire drill shall be held at least once a month.

184a - Labeling OTC/CAM**1. Requirements**

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

The pharmacy label for resident 6's Humalog Kwikpen Solution Pen-Injector 100 unit/ml does not include instructions per the sliding scale.

Plan of Correction**Accept**

- A change of direction sticker was on the pharmacy label as the mail order pharmacy does not print the sliding scale onto their labels.

- Pharmacy was contacted regarding printing the sliding scale on the pharmacy label but pharmacy is unable to put the sliding scale on their pharmacy label.

- Meds techs will be educated by the Administrator/Nursing Care Supervisor on regulation 55 PA Code 2600.184.a The original container for prescription medications shall be labeled with a pharmacy label that includes the following: (1) The resident's name. (2) The name of the medication. (3) The date the prescription was issued. (4) The prescribed dosage and instructions for administration. (5) The name and title of the prescriber. This education will be completed by July 31st, 2022.

- The Nursing Care Supervisor or designee will monitor monthly to ensure compliance with regulation 55 PA Code 2600.184.a The original container for prescription medications shall be labeled with a pharmacy label that includes the following: (1) The resident's name. (2) The name of the medication. (3) The date the prescription was issued. (4) The prescribed dosage and instructions for administration. (5) The name and title of the prescriber.

Completion Date: 07/31/2022

Document Submission**Implemented**

- A change of direction sticker was on the pharmacy label as the mail order pharmacy does not print the sliding scale onto their labels.

- Pharmacy was contacted regarding printing the sliding scale on the pharmacy label but pharmacy is unable to put the sliding scale on their pharmacy label.

- Meds techs will be educated by the Administrator/Nursing Care Supervisor on regulation 55 PA Code 2600.184.a The original container for prescription medications shall be labeled with a pharmacy label that includes the following: (1) The resident's name. (2) The name of the medication. (3) The date the prescription was issued. (4) The prescribed dosage and instructions for administration. (5) The name and title of the prescriber. This education will

184a - Labeling OTC/CAM (continued)

be completed by July 31st, 2022.

- The Nursing Care Supervisor or designee will monitor monthly to ensure compliance with regulation 55 PA Code 2600.184.a The original container for prescription medications shall be labeled with a pharmacy label that includes the following: (1) The resident's name. (2) The name of the medication. (3) The date the prescription was issued. (4) The prescribed dosage and instructions for administration. (5) The name and title of the prescriber.

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

Resident #7 is prescribed [redacted] However, the resident is being administered [redacted]

Plan of Correction

Accept

- [redacted] was consulted and order was changed on 6/24/22 to match the pharmacy label. The order now states: [redacted] This matches the pharmacy label.

- Meds techs will be educated by the Administrator/Nursing Care Supervisor on regulation 55 PA Code 2600.187.d The home shall follow the directions of the prescriber. This education will be completed by July 31st, 2022.
- The Nursing Care Supervisor or designee will monitor monthly to ensure compliance with regulation 55 PA Code 2600.187.d The home shall follow the directions of the prescriber.

Completion Date: 07/31/2022

Document Submission

Implemented

- [redacted] e was consulted and order was changed on 6/24/22 to match the pharmacy label. The order now states: [redacted] This matches the pharmacy label.

- Meds techs will be educated by the Administrator/Nursing Care Supervisor on regulation 55 PA Code 2600.187.d The home shall follow the directions of the prescriber. This education will be completed by July 31st, 2022.
- The Nursing Care Supervisor or designee will monitor monthly to ensure compliance with regulation 55 PA Code 2600.187.d The home shall follow the directions of the prescriber.

202 - Prohibitions

1. 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).

Description of Violation

On [redacted] resident #1 was secluded in his/her room for approximately 5 minutes while staff person A and staff person B stood in the hallway outside of the resident's room. Staff person A stood with his/her hands

202 - Prohibitions (continued)

on the resident's door, arms extended, preventing the door from opening. Resident #1 was very upset and distressed. The resident was yelling and throwing items, such as [REDACTED] at his/her bedroom door while being secluded in the bedroom.

Plan of Correction

Accept

- Upon Administrator learning of suspected abuse/abuse, while simultaneously initiating an immediate investigation, Administrator will immediately complete required reporting process to all reporting agencies.
 - Staff person A was terminated at conclusion of investigation.
 - All staff was re-educated by Administrator and Nursing Care Supervisor on reporting suspected abuse/abuse immediately.
 - All staff will be educated on regulation 55 PA code 2600.202. by July 31st, 2022 by Administrator and Nursing Care Supervisor.
 - Moving forward, upon Administrator learning of suspected abuse/abuse, while simultaneously initiating an immediate investigation, Administrator or designee will immediately complete a re-education of all staff.
 - The Administrator or designee will interview at least 5 residents, individually, in private, on a monthly basis to ensure residents are free from abuse, neglect, and seclusion. Documentation of interviews will be kept.
 - The Administrator or designee will monitor monthly to ensure compliance with regulation 55 PA code 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).

Completion Date: 07/31/2022

Document Submission

Implemented

- Upon Administrator learning of suspected abuse/abuse, while simultaneously initiating an immediate investigation, Administrator will immediately complete required reporting process to all reporting agencies.
 - Staff person A was terminated at conclusion of investigation.
 - All staff was re-educated by Administrator and Nursing Care Supervisor on reporting suspected abuse/abuse immediately.
 - All staff will be educated on regulation 55 PA code 2600.202. by July 31st, 2022 by Administrator and Nursing Care Supervisor.
 - Moving forward, upon Administrator learning of suspected abuse/abuse, while simultaneously initiating an immediate investigation, Administrator or designee will immediately complete a re-education of all staff.
 - The Administrator or designee will interview at least 5 residents, individually, in private, on a monthly basis to ensure residents are free from abuse, neglect, and seclusion. Documentation of interviews will be kept.
 - The Administrator or designee will monitor monthly to ensure compliance with regulation 55 PA code 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).

225c - Additional Assessment

1. Requirements

2600.

225c - Additional Assessment (continued)

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

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

Description of Violation

Resident #1's assessment, [redacted] indicates the resident has no problem with the following behaviors. [redacted]
 However, multiple staff interviews indicate the resident has [redacted]
 [redacted] resident also has [redacted]
 The resident is assessed as [redacted]

Plan of Correction

Accept

- All residents DMEs and RASPs were audited to ensure compliance with regulation 55 PA code 2600.225.c The resident shall have additional assessments as follows: 2. If the condition of the resident significantly changes prior to the annual assessment.
- Resident # 1 is [redacted] If resident #1 is [redacted] a new assessment will be completed to comply with regulation 55 PA code 2600.225.c. The resident shall have additional assessments as follows: 2. If the condition of the resident significantly changes prior to the annual assessment.
- Nursing staff will be educated on regulation 55 PA code 2600.225.c. by July 31st, 2022 by Administrator and Nursing Care Supervisor.
- The Administrator of designee will monitor DMEs and RASPs monthly to ensure compliance with regulation 55 PA code 2600.225.c The resident shall have additional assessments as follows: 2. If the condition of the resident significantly changes prior to the annual assessment.

Completion Date: 07/31/2022

Document Submission

Implemented

- All residents DMEs and RASPs were audited to ensure compliance with regulation 55 PA code 2600.225.c The resident shall have additional assessments as follows: 2. If the condition of the resident significantly changes prior to the annual assessment.
- Resident # 1 is [redacted] If resident #1 is [redacted] a new assessment will be completed to comply with regulation 55 PA code 2600.225.c. The resident shall have additional assessments as follows: 2. If the condition of the resident significantly changes prior to the annual assessment.
- Nursing staff will be educated on regulation 55 PA code 2600.225.c. by July 31st, 2022 by Administrator and Nursing Care Supervisor.
- The Administrator of designee will monitor DMEs and RASPs monthly to ensure compliance with regulation 55 PA code 2600.225.c The resident shall have additional assessments as follows: 2. If the condition of the resident significantly changes prior to the annual assessment.