



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: April 14, 2023

[REDACTED]
Fair Oaks OPCO LLC
[REDACTED]

RE: Fair Oaks Senior Living
License/COC #: 452862

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on June 23, 2022, June 24, 2022, June 27, 2022, August 22, 2022, August 23, 2022, November 15, 2022, November 16, 2022, November 17, 2022, December 7, 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 issues you a SECOND PROVISIONAL license to operate the above facility. A SECOND PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026 (b)(1) and 55 Pa. Code § 20.71(a)(2); (3); (4) (relating to conditions for denial, nonrenewal or revocation). Your SECOND PROVISIONAL license is enclosed and is valid from April 14, 2023 to October 14, 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 X	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
<u>Section:</u>					
51	II	83	\$5	\$415	5 calendar days from mailing date of this letter
101(j)(7)	II	83	\$5	\$415	5 calendar days from mailing date of this letter
183(b)	II	83	\$5	\$415	5 calendar days from mailing date of this letter
187(d)	II	83	\$5	\$415	5 calendar days from mailing date of this letter
225(c)	II	83	\$5	\$415	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 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 PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

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 F. Buchenauer

Jamie Buchenauer
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc:

[Redacted]

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

Facility Information

Name: FAIR OAKS SENIOR LIVING License #: 45286 License Expiration: 10/01/2022
Address: 2200 WEST LIBERTY AVENUE, PITTSBURGH, PA 15226
County: ALLEGHENY Region: WESTERN

Administrator

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

Legal Entity

Name: FAIR OAKS OPCO LLC
Address: 2200 WEST LIBERTY AVENUE, PITTSBURGH, PA, 15226
Phone: [REDACTED]

Certificate(s) of Occupancy

Type: Other Date: 01/16/2017 Issued By: City of Pittsburgh

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 96 Waking Staff: 72

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Complaint Exit Conference Date: 07/14/2022

Inspection Dates and Department Representative

06/23/2022 - On-Site [REDACTED]
06/24/2022 - On-Site [REDACTED]
06/27/2022 - On-Site [REDACTED]
08/22/2022 - On-Site [REDACTED]
08/23/2022 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 100 Residents Served: 73

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 5

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 71
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 1
Have Mobility Need: 23 Have Physical Disability: 0

Inspections / Reviews

06/23/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/04/2022*

09/21/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: *10/13/2022*
Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/27/2022*

10/07/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: *10/13/2022*
Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *11/11/2022*

02/23/2023 - Document Submission

Submitted By: [REDACTED] Date Submitted: *10/13/2022*
Reviewer: [REDACTED] Follow-Up Type: *Enforcement*

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

Resident #1 is prescribed Alprazolam 0.5mg–Take 1 tablet by mouth twice daily as needed. Resident #1 requested Alprazolam on the evening of 4/18/22 and the morning of 5/20/22; however, the medication was not administered to resident #1, because the medication was unavailable in the home. These medication errors were not reported to the Department.

POC Submission

Directed [REDACTED] - 10/06/2022)

The pharmacy failed to deliver the medications on the dates in question. The Health Services Director is responsible for submitting the medication errors to the department. On 05/27/22 the Director of Health Services resigned. Incident reported on 10/05/22. All staff that administer medication will be educated as to reportable incidents in accordance with 2600.16a by 10/07/22. Documentation will be kept.

Leechburg Pharmacy replaced Johnson's Pharmacy to provide eMAR and pharmacy services to Fair Oaks on 08/24/22.

ALL medication errors will be reported by the Director of Health Services to the Department in a timely manner and documentation will be kept on file. Administrator will meet with Director of Health Services daily for 90 days and review missed medications and other medication errors to ensure that proper reporting to the Department has been submitted. Documentation of these reviews will be kept. (DIRECTED: The daily review between the Administrator and Director of Health Services shall begin within 5 calendar days of receipt of the plan of correction. [REDACTED] 10/6/22).

DIRECTED: Within 5 calendar days of receipt of the plan of correction: A designated staff person will review all internal incidents and conditions daily, including possible medication errors, to ensure all reportable incidents and conditions specified in 2600.16a are reported to the Department within 24 hours. [REDACTED] 10/6/22

Licensee's Plan Completion Date: 10/07/2022

Not Implemented [REDACTED] - 02/23/2023)

20b4 - Use of Funds

2. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

4. Resident funds and property shall only be used for the resident's benefit.

Description of Violation

Some time in July 2022, resident #5 asked staff person D to order toiletry supplies from Amazon for resident #5. Resident #5 gave staff person D \$65 cash for the supplies; however, resident #5 never received the supplies.

Some time in early 2022, staff person D asked to borrow \$40 from resident #5, then on another occasion, asked to borrow \$20 from resident #5.

20b4 - Use of Funds (continued)

POC Submission

Accept (█ 10/07/2022)

On July 14th at approximately 5:45 PM, the resident reported that the staff member borrowed small sums of money on two separate occasions in April or May, stating that the staff member paid her back. The resident said that █ wanted to purchase something online and figured that █ "helped" the staff member out on occasion so █ asked the staff member to make the purchase for █ giving her \$65 to do so. The resident said █ never received the item or the cash back and felt like the staff member was "avoiding me". The Administrator immediately called the staff member to confirm the resident's claims. The staff member said that the resident had loaned █ money and that █ paid it back and that █ did order the online merchandise but it hadn't come in. The staff member was promptly terminated and the Administrator reported the incident to the Department on 07/15/22.

The Administrator spoke to the resident and instructed █ to report any instance of a staff member asking to borrow money immediately. █ was also reminded about the home's policy about tipping staff.

Effective immediately, the Administrator will redistribute the home's policy pertaining to resident funds, borrowing or asking for money & the accepting of tips to all staff. ALL Staff will read & sign that they acknowledge the policy by no later than 10/10/22.

Effective on 10/07/22 at the monthly, Resident Roundtable meetings, the Administrator will inquire to ensure that residents are using their funds for themselves and that they are not giving staff money under any pretense. Documentation will be kept.

Licensee's Plan Completion Date: 10/10/2022

Not Implemented (█ - 02/23/2023)

23a - Activities of Daily Living Assistance

3. Requirements

2600.

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

Description of Violation

According to resident #5's most recent assessment and support plan, dated 8/8/21, resident #5 requires full assistance with transferring in/out of bed/chair, full assistance with turning and positioning in bed/chair and requires some assistance with personal hygiene. According to the home's call bell report, resident #5 has had to wait an excessive amount of time for staff assistance on numerous occasions, to include the following dates and times:

- 8/18/22 at 3:42 am-1 hour, 59 minute response time
- 8/8/22 at 7:45 am-1 hour, 11 minute response time
- 6/27/22 at 10:21 pm-1 hour, 33 minute response time
- 6/25/22 at 11:26 am-3 hour, 15 minute response time
- 6/24/22 at 6:53 am-1 hour response time
- 6/23/22 at 8:45 am- 3 hour, 1 minute response time

23a - Activities of Daily Living Assistance (continued)

POC Submission

Directed [redacted] - 10/06/2022)

On 06/23/22 and 06/25, the wait times of 3+ hours are not an accurate portrayal of the time period, and that the aides did not effectively reset the pendant. This is evidenced by the Dietary staff, who reported that the resident did present to breakfast in a timely fashion on 06/23 and also for lunch on 06/24.

Aides do not always reset pendants until after care is provided which can also distort actual wait times. Also, there have been times when aides report that they did not receive the page and that the pendants were not clearing. On 08/02 the Administrator called the pendant system company to test the pendants & system and to move the central pendant system to his office with a duplicate screen to be mounted at the Security Desk to help monitor pendant calls and wait times. This pendant test was completed on 08/09 and batteries replaced in the pendants. There were still issues with second pendant computer. They returned on 08/12 and could not complete the monitor installation at the Security Desk because the secondary pendant computer system crashed. Administrator advised them to stop the installation and effectively installed a secondary screen to the main pendant system at the Security Desk.

All resident care aides will be retrained on the proper resetting of the pendants by no later than 10/10/22. Documentation will be kept.

Effective immediately, the Security Department on each shift will assist in resident wait times and to ensure timely care is received by calling out room numbers of residents who have been waiting more than 20 minutes. Daily for 30 days the Administrator or Health Services Director will review active calls and weekly thereafter to monitor call wait times. Documentation will be kept

Effective immediately, the Security Manager or Administrator will be responsible for changing low-batteries in pendant. This is easily monitored by way of low-battery warnings on screen for specific pendants. Documentation will be ongoing as the low-battery display screen will show that all pendants have working batteries.

DIRECTED: Within 5 calendar days of receipt of the plan of correction: A designated staff person shall interview at least 5 residents monthly to ensure residents are receiving timely assistance with ADLs and IADL's as indicated in the residents' assessments and support plans. Documentation of the interviews shall be kept. [redacted] 10/6/22

Licensee's Plan Completion Date: 10/10/2022

Not Implemented [redacted] - 02/23/2023)

42c - Treatment of Residents

4. Requirements

2600.

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

Description of Violation

Multiple residents indicated that staff person D has an "attitude problem". Staff person D was described as "rough", "confrontational", "nasty" and "not very respectful" towards residents.

POC Submission

Directed [redacted] - 10/06/2022)

The Administrator did not receive any specific reports from a resident that the staff member was "rough", "confrontational", "nasty" and "not very respectful", however the Administrator did observe the staff member being

42c - Treatment of Residents (continued)

loud and impatient during a shift report. This staff member's employment was terminated on 07/14.

Effective immediately, Administrator will continue to orient all newly-hired staff members regarding Resident Rights, dignity and respect during orientation of new hires. Documentation will be kept.

Effective immediately, all Department Directors will review resident rights and treating residents with dignity and respect. Documentation will be kept.

Starting on 10/07/22 the Administrator will conduct interviews with residents at the monthly Resident Roundtable meetings to ensure that residents are being treated with dignity and respect. (DIRECTED: At least 5 residents shall be interviewed each month. Documentation of the interviews shall be kept. [REDACTED]/6/22).

DIRECTED: Within 10 calendar days of receipt of the plan of correction: All current staff persons shall receive training on resident rights, including the resident's right to be treated with dignity and respect. Documentation of the education shall be kept. [REDACTED] 10/6/22

Licensee's Plan Completion Date: 10/07/2022

Not Implemented [REDACTED] - 02/23/2023)

57c - 2 Hours/Day

6. Requirements

2600.

57.c. Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.

Description of Violation

The home is required to provide a minimum of 1 hour of personal care services for each mobile resident and 2 hours of personal care services for each resident who has mobility needs.

On 6/18/22, there were 71 residents in the home, including 22 residents with mobility needs, requiring a total minimum of 93 of hours of direct care staffing. On this date, only 83.75 hours of direct care staffing were provided.

On 6/19/22, there were 70 residents in the home, including 21 residents with mobility needs, requiring a total minimum of 91 of hours of direct care staffing. On this date, only 90 hours of direct care staffing were provided.

POC Submission

Directed (██████) - 10/06/2022)

On 06/18/22 the Director of Health Services miscalculated staffing hours after a staff member quit. On 06/18/22 the Director of Health Services miscalculated hours for a staff member that left the shift early.

Because all Direct Care members are entered into Tabula Pro, the new Director of Health Service who started on 10/03/22 will be trained on scheduling using Tabula Pro by no later than 10/14/22. This automatically calculates hours and shows where there are potential staff shortages any shift on any day. Once trained, the Director of Health Services will utilize scheduling in TabulaPro. Printed schedules using the TabulaPro service will be kept as documentation. The Administrator or Health Services Director will be responsible for daily monitoring to ensure adequate staffing are present. (DIRECTED: The daily review of the home's schedule shall begin within 72 hours of receipt of the plan of correction. (██████) 10/6/22).

Licensee's Plan Completion Date: 10/14/2022

Not Implemented (██████) - 02/23/2023)

57d - Waking Hours

7. Requirements

2600.

57d - Waking Hours (continued)

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

The home is required to provide a minimum of 1 hour of personal care services for each mobile resident and 2 hours of personal care services for each resident who has mobility needs.

On 6/18/22, there were 71 residents in the home, including 22 residents with mobility needs, requiring a minimum of 69.75 hours of personal care staffing during waking hours. However, on this date, only 69.25 hours of of direct care staffing were provided during waking hours.

POC Submission

Directed [redacted] - 10/06/2022)

On 06/18/22 call offs and the eventual coverage of the shift resulted in a shortage of staff hours.

Effective immediately, because all Direct Care members are entered into Tabula Pro, the Director of Health Service will be trained on scheduling and over-scheduling using Tabula Pro. This automatically calculates hours and shows where there are potential staff shortages any shift on any day. Once trained, the Director of Health Services will utilize scheduling in TabulaPro. Printed schedules using the TabulaPro service will be kept as documentation.

Because all Direct Care members are entered into Tabula Pro, the new Director of Health Service who started on 10/03/22 will be trained on scheduling using Tabula Pro by no later than 10/14/22. This automatically calculates hours and shows where there are potential staff shortages any shift on any day. Once trained, the Director of Health Services will utilize scheduling in TabulaPro. Printed schedules using the TabulaPro service will be kept as documentation. The Administrator or Health Services Director will be responsible for daily monitoring to ensure adequate staffing are present. (DIRECTED: The daily review of the home's schedule shall begin within 72 hours of receipt of the plan of correction. LM 10/6/22).

Effective immediately, Administrator will create part-time & casual positions to help assist in staff shortages when call-offs arise.

Licensee's Plan Completion Date: 10/14/2022

Not Implemented [redacted] - 02/23/2023)

141a - Medical Evaluation

8. 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.

Description of Violation

A medical evaluation was not completed for resident #2, who was admitted to the home on [redacted]

POC Submission

Accept ([redacted]) - 10/06/2022)

The resident was admitted on [redacted] but the Health Services Director resigned on 05/27/22, stating that [redacted] completed all new resident admissions, however the DME could not be located. The resident has a completed DME at this time.

141a - Medical Evaluation (continued)

Resident's DME was completed on 09/07/22. Effective immediately, Fair Oaks created a New Admission Checklist that the Administrator and Director of Health Services will review and then write resident name on a calendar in the Health Services office. This will ensure that ALL DME's are completed and on file within 60 days prior to admission or within 30 days afterwards. For 90 days, Director of Health Services will email a "Completed DME" notice to the Administrator to be inspected and documented.

All residents records were reviewed and updated by care plan coordinator, [REDACTED] between 09/07 through 09/21.

Licensee's Plan Completion Date: 10/14/2022

Not Implemented [REDACTED] - 02/23/2023)

141b1 - Annual Medical Evaluation

9. Requirements

2600.

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

Description of Violation

Resident #3's most recent medical evaluation was completed on 5/25/21.

POC Submission

Directed [REDACTED] - 10/06/2022)

The Director of Health Services resigned on 05/27/22 which resulted in the annual medical eval being skipped.

Effective immediately, for 90-days Administrator will review TabulaPro weekly to ensure that all upcoming annual medical evals are scheduled. Notification will be sent to the Director of Health Services to schedule appointments. Also, a wall calendar will be kept in the Health Services office and populated with important due dates for medical evals and RASP updates. Weekly, the Administrator will check TabulaPro and also the posted wall calendar to review upcoming DME's & RASPs. Email reminders to Health Services Director will be kept as documentation.

All residents records were reviewed and updated by care plan coordinator, [REDACTED] between 09/07 through 09/21.

DIRECTED: Within 7 calendar days of receipt of the plan of correction: A new medical evaluation shall be completed for resident #3. A copy of the completed medical evaluation shall be kept in resident #3's record. [REDACTED] 10/6/22

Licensee's Plan Completion Date: 10/05/2022

Not Implemented [REDACTED] - 02/23/2023)

181c - Self-administration Assessment

10. Requirements

2600.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

181c - Self-administration Assessment (continued)

Description of Violation

On 6/24/22, resident #3 had [REDACTED] Ventolin-90mcg inhaler in [REDACTED] room, which [REDACTED] self-administers; however, resident #3 has not been assessed by a physician, physician's assistant or certified registered nurse practitioner as capable to self-administer the inhaler.

POC Submission

Directed [REDACTED] - 10/06/2022)

The resident insisted that the Med Tech to give [REDACTED] the inhaler to keep in the room and that it was [REDACTED] right to do so, however, the resident does not have a doctor's order to self-administer so the inhaler was removed. Effective immediately the resident's doctor was contacted and provided a direct order stating that the resident MAY NOT self-administer. Effective immediately all residents will have specific orders that reflect the self-administration assessment.

All resident records were reviewed and updated by care plan coordinator, [REDACTED] between 09/07 through 09/21 to ensure that residents were assessed by a physician.

Effective immediately, Health Services Director will ensure that residents are not self-administering medications in compliance with physician orders.

Effective by 10/10/22 all staff that administers medication will be educated regarding residents and self-administration of medication. (DIRECTED: Documentation of the education shall be kept. [REDACTED] 10/6/22)

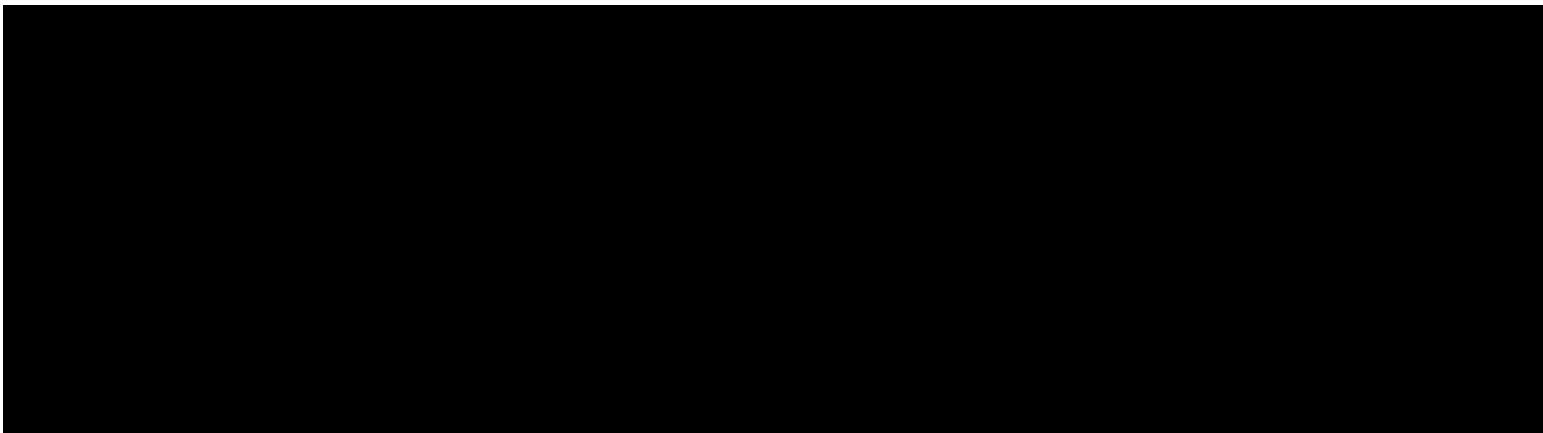
DIRECTED: Within 72 hours of receipt of the plan of correction: All medications stored in resident #3's bedroom, including inhalers, shall be removed from resident #3's bedroom. [REDACTED] 10/6/22

DIRECTED: Within 5 calendar days of receipt then weekly thereafter: A designated staff person shall develop a tracking system for all residents who are currently self-administering medications. The tracking system shall be cross-referenced to each resident's assessment and support plan to ensure accurate documentation of the resident's ability to self-administer medications. [REDACTED] 10/6/22

DIRECTED: Within 72 hours of receipt of the plan of correction, then monthly thereafter: A designated staff person shall inspect the home, including resident bedrooms, to ensure all medications are kept in an area that is locked. For residents who have been assessed by a physician as capable of self-administering medications, the designated staff person shall ensure medications stored in those resident's bedrooms are kept in an area or container that is locked. [REDACTED] 10/6/22

Licensee's Plan Completion Date: 10/10/2022

Not Implemented ([REDACTED] - 02/23/2023)



185a - Implement Storage Procedures

12. Requirements

2600.

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

Description of Violation

Resident #2 is prescribed Lorazepam 0.5mg-Take 1 tablet by mouth every 6 hours as needed for anxiety; however, on 6/24/22, this medication was not available in the home.

Resident #3 is prescribed Oxycodone-APAP 5mg/325mg-Take 1 tablet by mouth every 6 hours as needed for pain; however, on 6/24/22, this medication was not available in the home.

POC Submission

Directed [REDACTED] - 10/06/2022)

The pharmacy failed to deliver the medications on the dates in question. The Health Services Director is responsible

185a - Implement Storage Procedures (continued)

for submitting the medication errors to the department. There has been multiple communication and documentation to Johnson's pharmacy regarding the non-delivery of medication and other internal problems at Johnson's that related directly to our residents.

Leechburg Pharmacy replaced Johnson's Pharmacy to provide eMAR and pharmacy services to Fair Oaks on 08/24/22. Resident #1 & #2 medication was delivered on 06/25/22.

Effective immediately weekly med cart audits will be performed by the Director of Health Services to ensure medications are reordered and delivered on time. Documentation will be kept.

Effective immediately, all staff that administers medication will be trained on the proper way to report medication that is missing. Documentation will be kept. (DIRECTED: The staff training shall be completed within 10 calendar days of receipt of the plan of correction. [REDACTED] 10/6/22).

DIRECTED: Within 72 hours of receipt of the plan of correction: Resident #3's Oxycodone-APAP 5mg/325mg shall be delivered and available in the home unless discontinued in writing by the prescriber. [REDACTED] 10/6/22

Licensee's Plan Completion Date: 10/05/2022

Not Implemented [REDACTED] - 02/23/2023)

185b - Medication Procedures**13. Requirements**

2600.

185.b. At a minimum, the procedures must include:

1. Documentation of the receipt of controlled substances and prescription medications.
2. A process to investigate and account for missing medications and medication errors.
3. Limited access to medication storage areas.
4. Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive medication administration services or assistance with self-administration. This requirement does not apply to a resident who self-administers medication without the assistance of a staff person and stores the medication in his room.

Description of Violation

According to the home's "Accountability of Medication & Controlled Substances", "If not a straight order, each time a narcotic/controlled substance is given to a resident, an entry will be made on the PRN (as needed) record of the eMAR. The will document the date, time and initials of the person administering the drug. An entry will also be made on the computer-generated pharmacy controlled substance sheet, indicating the drug dispensed and the number of remaining tablets or milliliters of a liquid remaining."

Resident #1 is prescribed Alprazolam 0.5mg-Take 1 tablet by mouth twice daily as needed; however, the pharmacy controlled substance sheet for resident #1's Alprazolam from 5/5/22 through 5/21/22 is not present in the home.

POC Submission

Accept [REDACTED] - 10/06/2022)

The Director of Health Services resigned on 05/27/22 and when the new Director of Health Services assumed the position and was cleaning up the area and reorganizing, the sheet was misplaced. By 10/10/22 all staff trained to pass medication will be retrained as to the home's policy for Accountability of Medication & Controlled

185b - Medication Procedures (continued)

Substances". Documentation will be kept. Any missing medications or records of medication administration will be reported immediately to the Administrator and the Administrator will report this as a med error to the Department. Effective immediately, three times per week, Health Services Director will ensure that all controlled substance sheets are in the binders. Documentation will be kept.

Licensee's Plan Completion Date: 10/05/2022

Not Implemented [REDACTED] 02/23/2023)

187d - Follow Prescriber's Orders**14. Requirements**

2600.

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

Description of Violation

Resident #1 is prescribed Alprazolam 0.5mg–Take 1 tablet by mouth twice a day as needed for anxiety. On the evening of 4/18/22 and the morning of 5/20/22, resident #1 requested the Alprazolam; however, the medication was not administered, because it was unavailable in the home.

REPEAT VIOLATION: 3/18/2022, et. al; 11/1/2021, et. al.

POC Submission

Directed [REDACTED] - 10/06/2022)

The pharmacy failed to deliver the medications on the dates in question but was delivered on 04/19 & 05/21 respectively. The Health Services Director is responsible for submitting the medication errors to the department. There has been multiple communication and documentation to Johnson's pharmacy regarding the non-delivery of medication and other internal problems at Johnson's that related directly to our residents.

Leechburg Pharmacy replaced Johnson's Pharmacy to provide eMAR and pharmacy services to Fair Oaks on 08/24/22.

Effective immediately weekly med cart audits will be performed by the Director of Health Services to ensure medications are reordered and delivered on time. All staff that administers medication will be trained as to the reporting and ordering of medication no later than 10/10/22. Documentation will be kept (DIRECTED: Documentation shall be kept of the staff education, as well as the weekly audits. At least 25% of the residents shall be reviewed during each of the weekly medication audits. [REDACTED] 10/6/22).

Effective immediately, Administrator will review and sign off all weekly med cart audits.

DIRECTED: Within 72 hours of receipt of the plan of correction: Resident #1's Alprazolam 0.5mg shall be delivered and available in the home unless discontinued in writing by the prescriber. [REDACTED] 10/6/22

Licensee's Plan Completion Date: 10/10/2022

Not Implemented [REDACTED] - 02/23/2023)

223a - Description of Service**15. Requirements**

2600.

223a - Description of Service *(continued)*

223.a. The home shall have a current written description of services and activities that the home provides including the following:

1. The scope and general description of the services and activities that the home provides.
2. The criteria for admission and discharge.
3. Specific services that the home does not provide, but will arrange or coordinate.

Description of Violation

According to resident #4's most recent assessment and support plan, date 4/4/22, resident #4 uses a [REDACTED] catheter at night; however, the home's current description of services does not indicate the home provides [REDACTED] catheter care.

POC Submission

Directed ([REDACTED] - 10/07/2022)

The Administrator explained to the resident's [REDACTED] that [REDACTED] catheter care is not provided. [REDACTED] said that since [REDACTED] only needs it at bedtime to use overnight, [REDACTED] would come in and put on the [REDACTED] catheter and we will take it off in the morning.

Fair Oaks will implement the new policy on November 11, 2022. (Per discussion with administrator on 10/7/22, the home will update their description of services, effective 11/11/22, indicating the home will now provide assistance to residents with [REDACTED] catheter care. [REDACTED] 10/7/22). All residents will be notified no later than 10/11/22 and a signed document of notification will be kept in each resident file. Effective immediately, Administrator will monitor the distribution and notification of policy by updating this in the resident handbook.

DIRECTED: Within 72 hours of receipt of the plan of correction: A designated staff person shall update the home's resident-home contract for newly admitted residents indicating the home will begin providing assistance to residents with condom catheter care, effective 11/11/22. [REDACTED] 10/7/22.

DIRECTED: By 11/11/22: Resident #4's assessment and support plan shall be updated to indicate the services the home will provide to resident #4 regarding [REDACTED] catheter care. A copy of the updated assessment and support plan for resident #4 shall be kept in the resident's record. [REDACTED] 10/7/22

DIRECTED: By 11/11/22: All direct care staff persons shall be trained by a qualified staff person on providing [REDACTED] catheter care. Documentation of the education shall be kept. [REDACTED] 10/7/22

Licensee's Plan Completion Date: 10/11/2022

Not Implemented ([REDACTED] - 02/23/2023)

224a - Preadmission Screen Form

16. 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, resident #4's preadmission screening was completed on 2/3/22, which exceed 30 days prior to admission.

224a - Preadmission Screen Form (continued)

POC Submission **Directed** [REDACTED] - 10/06/2022)

The resident was admitted on [REDACTED] with a preadmission screening completed 02/02/22, an oversight by the Director of Health Services, who resigned on 05/27/22. Effective immediately the Health Services Director or floor nurse will review all new residents to be admitted using the pre-admission checklist to ensure that the preadmission meets the preadmission. Documentation on TabulaPro will be kept. (DIRECTED: Within 7 calendar days of receipt of the plan of correction: All staff persons involved in the admission process shall be educated on using the new admission checklist. Documentation of the education shall be kept. [REDACTED] 10/6/22).

All residents records were reviewed and updated by care plan coordinator, [REDACTED] between 09/07 through 09/21.

Licensee's Plan Completion Date: 10/05/2022

Not Implemented [REDACTED] - 02/23/2023)

225a - Assessment 15 Days

17. 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.

Description of Violation

An assessment was not completed for resident #2, who was admitted to the home on [REDACTED].

POC Submission **Directed** [REDACTED] - 10/06/2022)

The Director of Health Services resigned on 05/27/22 stating that all paperwork was completed for newly admitted residents. Assessment was completed on 09/07/22. Effective immediately the Health Services Director or Administrator, will review all newly admitted residents to ensure that the Department's assessment form is completed in a timely manner. Administrator will review the checklist with the Health Services Director. Documentation on will be kept. (DIRECTED: Within 5 calendar days of receipt of the plan of correction: The new-admission checklist shall be implemented for all newly-admitted residents to ensure an assessment is completed for each new admission within 15 days of admission. Copies of the completed new admission checklists shall be kept. [REDACTED] 10/6/22).

All residents records were reviewed and updated by care plan coordinator, [REDACTED] between 09/07 through 09/21.

DIRECTED: Within 15 calendar days of receipt of the plan of correction: A designated staff person shall review all current resident records to ensure each resident has an assessment completed in its entirety, within 15 days of admission. Documentation of the audits shall be kept. [REDACTED] 10/6/22

Licensee's Plan Completion Date: 10/05/2022

Not Implemented [REDACTED] - 02/23/2023)

225c - Additional Assessment

18. Requirements

- 2600.
- 225.c. The resident shall have additional assessments as follows:
 1. Annually.

Description of Violation

Resident #3's most recent assessment was completed on 6/1/21.

Resident #5's most recent assessment was completed on 8/8/21.

REPEAT VIOLATION: 11/1/2021, et. al.

POC Submission

Directed [REDACTED] - 10/06/2022)

Resident #3 & #5 had a new assessment on 09/07. Effective immediately, for 90-days Administrator will review TabulaPro weekly with the Director of Health Services to ensure that all additional assessments are completed. A wall calendar will be kept in the Health Services office and populated with important due dates for assessment updates and will be reviewed and initialed weekly by the Administrator. Clinical Coordinator will review this weekly as well. Documentation will be kept.

DIRECTED: Within 15 calendar days of receipt of the plan of correction: A designated staff person shall review all current resident records to ensure each resident has an assessment completed in its entirety, at least annually. Documentation of the audit shall be kept. [REDACTED] 10/6/22

Licensee's Plan Completion Date: 10/07/2022

Not Implemented ([REDACTED] - 02/23/2023)

227a - Support Plan 30 Days

19. 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

A support plan was not completed for resident #2, who was admitted to the home on [REDACTED].

POC Submission

Directed [REDACTED] - 10/06/2022)

The Health Services Director resigned on 05/27/22, stating that [REDACTED] completed all new resident admission forms at that time, however the support plan could not be located. The resident has a completed support plan at this time.

Director of Health Services will ensure that ALL support plans are completed and on file within 30 days after admission. For 90 days, Director of Health Services will email a "Support Plan" notice to the Administrator to be inspected and documented.

Effective immediately, a support plan was completed on 08/22/22. The home will use its newly created admission checklist. The Administrator will review checklists weekly and documentation will be kept. (DIRECTED: Within 5 calendar days of receipt of the plan of correction: The new-admission checklist shall be implemented for all newly-admitted residents to ensure a support plan is completed for each new admission within 30 days of admission.

227a - Support Plan 30 Days (continued)

Copies of the completed new admission checklists shall be kept. [REDACTED] 10/6/22).

DIRECTED: Within 15 calendar days of receipt of the plan of correction: A designated staff person shall review all current resident records to ensure each resident has a support plan completed in its entirety, within 30 days of admission. Documentation of the audits shall be kept. [REDACTED] 10/6/22

Licensee's Plan Completion Date: 10/05/2022

Not Implemented ([REDACTED] - 02/23/2023)

227g -Support Plan Signatures**20. Requirements**

2600.

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

Description of Violation

Resident #1's support plan, dated 1/5/22, is not signed by the resident and does not indicate if the resident was unable to participate, declined to participate, refused to sign or was unable to sign.

POC Submission

Directed ([REDACTED] - 10/06/2022)

The resident is able to sign [REDACTED] support plan has done so and placed on file. Effective immediately, the Administrator and Director of Health Services will review all resident records to ensure that all support plans are appropriately signed or documented as declined/unable to participate. All new residents will be reviewed after 30 days by the Administrator and the Director of Health Services.

All residents records were reviewed and updated by care plan coordinator, [REDACTED] between 09/07 through 09/21. Support plans will be presented to the resident for signatures at the time of their completion by the Health Services Director and reviewed by the Administrator. Documentation will be kept.

DIRECTED: Within 15 calendar days of receipt of the plan of correction: A designated staff person shall review all current resident records to ensure all individuals who participated in the development of the support plan have signed and dated the support plans. [REDACTED] 10/6/22

Licensee's Plan Completion Date: 10/05/2022

Implemented ([REDACTED] - 02/23/2023)