

Department of Human Services
Bureau of Human Service Licensing

September 30, 2022

[REDACTED]
ARHC WHWCHPA01 TRS LLC
1361 EAST BOOT ROAD
EXECUTIVE DIRECTOR
WEST CHESTER, PA, 19380

RE: WELLINGTON COURT AT HERSHEY'S
MILL
1361 EAST BOOT ROAD
WEST CHESTER, PA, 19380
LICENSE/COCC#: 14136

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/27/2022, 06/28/2022 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: *WELLINGTON COURT AT HERSHEY'S MILL* License #: *14136* License Expiration: *03/23/2023*
Address: *1361 EAST BOOT ROAD, WEST CHESTER, PA 19380*
County: *CHESTER* Region: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *ARHC WHWCHPA01 TRS LLC*
Address: *1361 EAST BOOT ROAD, EXECUTIVE DIRECTOR, WEST CHESTER, PA, 19380*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *03/17/2022* Issued By: *East Goshen TWP*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *63* Waking Staff: *47*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *06/28/2022*

Inspection Dates and Department Representative

06/27/2022 - On-Site: [REDACTED]
06/28/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *114* Residents Served: *51*

Secured Dementia Care Unit

In Home: *Yes* Area: *1st floor* Capacity: *40* Residents Served: *4*

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *51*
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *12* Have Physical Disability: *1*

Inspections / Reviews

06/27/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/22/2022*

Inspections / Reviews (*continued*)

07/22/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *08/16/2022*

09/30/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

3c - Post Current License

1. Requirements

2600.

- 3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 06/27/2022, the home's current license, dated June 08, 2022, was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept

- The current and most up to date license was posted by the Health and Wellness Director on 6/27/2022.
- Executive Director will make monthly rounds for 3 months and sign a log on the back of the license to denote compliance.
- The signature log will be reviewed at the QA meeting in August 2022, September 2022, and October 2022.

Completion Date: 06/29/2022

Document Submission

Implemented

- The current and most up to date license was posted by the Health and Wellness Director on 6/27/2022.
- Executive Director will make monthly rounds for 3 months and sign a log on the back of the license to denote compliance.
- The signature log will be reviewed at the QA meeting in August 2022, September 2022, and October 2022.

25b - Contract Signatures

1. 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, [REDACTED], for resident #1 was not signed by the resident. The resident-home contract, dated [REDACTED], for resident #2 was not signed by the resident.

Plan of Correction

Accept

- Resident # 1 [REDACTED].
- Resident # 2 signed [REDACTED] contract on [REDACTED].
- The Executive Director and the Marketing Director will conduct audits of all current contracts to make sure all residents have signed their Contract. date of completion 8/15/2022. In addition, the marketing direct and ED will conduct audits of new resident s Quarterly. These Quarterly audits will be discussed at QA meetings quarterly.
- The audit of contract signatures will be discussed on 8/4/2022 meeting and reviewed Quarterly after that.

Completion Date: 08/15/2022

Document Submission

Implemented

- Resident # 1 is [REDACTED]
- Resident # 2 signed [REDACTED] contract on [REDACTED]

25b - Contract Signatures (continued)

- The Executive Director and the Marketing Director will conduct audits of all current contracts to make sure all residents have signed their Contract. date of completion 8/15/2022. In addition, the marketing direct and ED will conduct audits of new resident s Quarterly. These Quarterly audits will be discussed at QA meetings quarterly.
- The audit of contract signatures will be discussed on 8/4/2022 meeting and reviewed Quarterly after that.

52 - Hiring Staff

1. Requirements

2600.

52. Staff Hiring, Retention and Utilization - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults) and other applicable regulations.

Description of Violation

Staff A had not held permanent residency in Pennsylvania for the two consecutive years prior to beginning employment on [REDACTED] However, the home did not run FBI check for staff A.

Plan of Correction

Accept

- The Executive Director will have [REDACTED] fingerprints done by [REDACTED]
- The Human resource manager will do audit on all employee's files that are required to have fingerprint documentation. to make sure everyone is complying of state reg 52. Completion Date of 8/15/2022
- The human resource manager will conduct quarterly audits on employee files that are required to have fingerprints. The audits on all employee fingerprint checks will be discussed at quarterly QA meetings.

Completion Date: 08/15/2022

Document Submission

Implemented

- The Executive Director will [REDACTED] fingerprints done by [REDACTED]
- The Human resource manager will do audit on all employee's files that are required to have fingerprint documentation. to make sure everyone is complying of state reg 52. Completion Date of 8/15/2022
- The human resource manager will conduct quarterly audits on employee files that are required to have fingerprints. The audits on all employee fingerprint checks will be discussed at quarterly QA meetings.

66b - Training Plan Content

1. Requirements

2600.

66.b. The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:

3. The dates, times and locations of the scheduled training for each staff person for the upcoming year.

Description of Violation

The home's staff training plan does not include the dates, times and locations of the scheduled training for each staff person for the upcoming year.

66b - Training Plan Content (continued)

Plan of Correction**Accept**

All staff are in serviced using the SLC RELIAS System. A calendar will developed by 8/15/2022 with course selection related to each line level employee. In addition, community employees will be in serviced on a variety of topics in group meetings on such topics as hospitality, interpersonal relationships, positive work environment, hand hygiene, fire extinguisher training. The human resources manager with conduct monthly audits to ensure that each department employees are update to date on their scheduled training. The results of the audits of the trainings will be discussed at each QA meeting.

Completion Date: 08/15/2022

Document Submission**Implemented**

All staff are in serviced using the SLC RELIAS System. A calendar will developed by 8/15/2022 with course selection related to each line level employee. In addition, community employees will be in serviced on a variety of topics in group meetings on such topics as hospitality, interpersonal relationships, positive work environment, hand hygiene, fire extinguisher training. The human resources manager with conduct monthly audits to ensure that each department employees are update to date on their scheduled training. The results of the audits of the trainings will be discussed at each QA meeting.

82c - Locking Poisonous Materials

1. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

Personal hygiene items including a tube of toothpaste and shaving cream, with a manufacture's label indicating "if accidentally swallowed, get medical help or contact a Poison Control Center right away", were unlocked, unattended, and accessible in the bathroom of [REDACTED]. Not all the residents of the home, including the resident in room [REDACTED] have been assessed capable of recognizing and using poisons safely.

Plan of Correction**Accept**

- A training and in service will be provided to all staff who work in memory care regarding the proper policy and procedure in securing poisonous materials and will be in serviced on safe haven personal products policy. Training and in service to be completed by 7/29/22 by the memory care director. All memory care staff including aides, nurses, managers will be in serviced on the SLC policy which describes the securing of poisonous materials. The training in service will be completed by 07.29.2022 by the Memory Care Director.
- The memory care director will conduct monthly audits on locking mechanism on the of first week of September, first week of October and the first week of November.
- The results of those audits will be discussed at the monthly QA meeting.

Completion Date: 07/29/2022

Document Submission**Implemented**

• A training and in service will be provided to all staff who work in memory care regarding the proper policy and procedure in securing poisonous materials and will be in serviced on safe haven personal products policy. Training and in service to be completed by 7/29/22 by the memory care director. All memory care staff including aides, nurses, managers will be in serviced on the SLC policy which describes the securing of poisonous materials. The

82c - Locking Poisonous Materials (continued)

training in service will be completed by 07.29.2022 by the Memory Care Director.

- The memory care director will conduct monthly audits on locking mechanism on the of first week of September, first week of October and the first week of November.
- The results of those audits will be discussed at the monthly QA meeting.

91 - Telephone Numbers

1. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in the home's main kitchen and in resident [REDACTED]

Plan of Correction

Accept

- The Director of Plant Operations will ensure that all phones throughout the community including residents' rooms will have an emergency sticker placed on them Identifying local emergency contacts for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline
- The Director of Plant Operations will make create a spreadsheet identifying all phones requiring emergency phone stickers. Completion date of 8/15/2022,
- The director of Plant operations will make monthly rounds on the first week of September and the first week of October to make sure phones have stickers on them. Finding of the telephone sticker audits will be reviewed at the following QA meeting for two months.

Completion Date: 08/15/2022

Document Submission

Implemented

- The Director of Plant Operations will ensure that all phones throughout the community including residents' rooms will have an emergency sticker placed on them Identifying local emergency contacts for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline
- The Director of Plant Operations will make create a spreadsheet identifying all phones requiring emergency phone stickers. Completion date of 8/15/2022,
- The director of Plant operations will make monthly rounds on the first week of September and the first week of October to make sure phones have stickers on them. Finding of the telephone sticker audits will be reviewed at the following QA meeting for two months.

95 - Furniture and Equipment

1. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

95 - Furniture and Equipment *(continued)***Description of Violation**

The home has a laundry room on each floor and each laundry room has two dryers. On 06/28/2022, one of the two dryers on the 2nd floor and 3rd floor laundry room was not working.

Plan of Correction**Accept**

- The dryers were replaced 06/28/2022.
- The Plant Operations Director will conduct audits of the washer and dryers to ensure they are in working order. The audits will be conducted once in September 2022 and once in October 2022. The results of these findings will be discussed in the October 2022 and November 2022 QA meeting.

Completion Date: 06/28/2022

Document Submission**Implemented**

- The dryers were replaced 06/28/2022.
- The Plant Operations Director will conduct audits of the washer and dryers to ensure they are in working order. The audits will be conducted once in September 2022 and once in October 2022. The results of these findings will be discussed in the October 2022 and November 2022 QA meeting.

107a - Emergency Preparedness

1. Requirements

2600.

107.a. The administrator shall have a copy and be familiar with the emergency preparedness plan for the municipality in which the home is located.

Description of Violation

Staff person A, the administrator, does not have a copy of the emergency preparedness plan for the local municipality.

Plan of Correction**Accept**

- Plant operations will provide a copy of the emergency preparedness to the Executive Director by 7/29/2022.
- Plant Operations and Executive Director will be self-in-service on PA 107a by 08.15.2022.
- The plant operations director will bring a copy of the emergency preparedness binder to QA for each department director to review.

Completion Date: 08/15/2022

Document Submission**Implemented**

- Plant operations will provide a copy of the emergency preparedness to the Executive Director by 7/29/2022.
- Plant Operations and Executive Director will be self-in-service on PA 107a by 08.15.2022.
- The plant operations director will bring a copy of the emergency preparedness binder to QA for each department director to review.

107b - Emergency Procedures

1. Requirements

2600.

107.b. The home shall have written emergency procedures that include the following:

107b - Emergency Procedures (continued)

2. The home's plan to provide the emergency medical information for each resident that ensures confidentiality.
3. Contact telephone numbers of local and State emergency management agencies and local resources for housing and emergency care of residents.
5. Duties and responsibilities of staff persons during evacuation, transportation and at the emergency location. These duties and responsibilities shall be specific to each resident's emergency needs.
6. Alternate means of meeting resident needs in the event of a utility outage.

Description of Violation

The home's written emergency procedures do not include the topics listed above.

Plan of Correction**Accept**

• *The HWD, Plant operations and the Executive director will create a binder with all resident pertinent medical information for staff to grab during the event of an evacuation. The binder include local and state emergency management services to ensure information is readily available. The duties and responsibilities of staff members during this evacuation, transportation, and the emergency location will also be included. Alternate means of meeting the residents in the event of a utility outage will be provided. The Executive director ,HWD and Plant operations director will conduct audits to ensure information is updated. Completion date 8/15/2022*

Completion Date: 08/15/2022

Document Submission**Implemented**

• *The HWD, Plant operations and the Executive director will create a binder with all resident pertinent medical information for staff to grab during the event of an evacuation. The binder include local and state emergency management services to ensure information is readily available. The duties and responsibilities of staff members during this evacuation, transportation, and the emergency location will also be included. Alternate means of meeting the residents in the event of a utility outage will be provided. The Executive director ,HWD and Plant operations director will conduct audits to ensure information is updated. Completion date 8/15/2022*

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 and January 2022.

Plan of Correction**Accept**

• *The Plant Ops Director or designees will be responsible for conducting unannounced fire drills for morning and evening shifts monthly and overnight shift quarterly. The records of the fire drills will be reviewed at the QA meetings beginning in August 2022, September 2022 and October 2022*

Completion Date: 08/04/2022

Document Submission**Implemented**

• *The Plant Ops Director or designees will be responsible for conducting unannounced fire drills for morning and evening shifts monthly and overnight shift quarterly. The records of the fire drills will be reviewed at the QA meetings beginning in August 2022, September 2022 and October 2022*

132b - Safety Inspection/Fire Drill**1. Requirements**

2600.

132b - Safety Inspection/Fire Drill (continued)

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The home did not have a fire safety inspection during the year 2021. The most recent one was dated 02/18/2022.

Plan of Correction

Accept

- The plant operations director will ensure that a fire safety inspection company will conduct fire drills by a fire safety expert annually. The plant ops director will provide copies of this annual safety inspection to the QA meeting Quarterly.

Completion Date: 08/15/2022

Document Submission

Implemented

- The plant operations director will ensure that a fire safety inspection company will conduct fire drills by a fire safety expert annually. The plant ops director will provide copies of this annual safety inspection to the QA meeting Quarterly.

141a - Medical Evaluation

1. 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

Resident #3 was admitted to the home on [REDACTED]. However, the medical evaluation was completed on [REDACTED], more than 60 days prior to the admission.

Plan of Correction

Accept

- Resident # 3 was identified and had the [REDACTED]
- All current residents have the potential to be affected by the deficient practice.
- Residents' # 3 medical evaluation is current and was completed on [REDACTED]
- All current residents' charts will be audited to ensure their medical evaluations were completed 60 days prior to admission or within 30 days of admission by the health and wellness director or designee by 8/15/2022.
- All new admissions medical evaluations will be reviewed by the Health and Wellness Director and/or designee prior to the resident being admitted.
- All findings of residents that do not have a medical evaluation completed 60 days prior to admission or within 30 days of admission will be reviewed by the communities QA committee monthly in August 2022 then in September 2022, October 2022 and November 2022

Completion Date: 08/15/2022

Document Submission

Implemented

- Resident # 3 was identified and had the [REDACTED]
- All current residents have the potential to be affected by the deficient practice.
- Residents' # 3 medical evaluation is current and was completed on [REDACTED]
- All current residents' charts will be audited to ensure their medical evaluations were completed 60 days prior to admission or within 30 days of admission by the health and wellness director or designee by 8/15/2022.
- All new admissions medical evaluations will be reviewed by the Health and Wellness Director and/or designee prior to the resident being admitted.

141a - Medical Evaluation (continued)

- All findings of residents that do not have a medical evaluation completed 60 days prior to admission or within 30 days of admission will be reviewed by the communities QA committee monthly in August 2022 then in September 2022, October 2022 and November 2022

141a 1-10 Medical Evaluation Information

1. 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 #1's medical evaluation dated [redacted] was check marked on Other, rather than on [redacted] for (4) Special Health and Diet Needs and did not include (8) Body Positioning and Movement.

Resident #2's medical evaluation dated 0 [redacted] did not include (4) Special Health and Diet Needs and (8) Body Positioning and Movement.

Resident #3's medical evaluation dated [redacted] did not include (4) Special Health and Diet Needs and (5) Allergies.

Plan of Correction

Accept

- Residents #1 is [redacted]
- Resident #2 Medical evaluation was updated on [redacted] by [redacted] primary doctor with (4) special health and diet needs along, also (8) body positioning and movement (see the attachment)
- Resident # 3 medical evaluation was updated with (4) special health and diet needs and (5) allergies [redacted] primary on [redacted]
- All current residents have the potential to be affected by the deficient practice, but no harm incurred.
- All current resident's charts will be audited by the Health and Wellness Director or designee to make sure required information is documented or addressed as Nonapplicable. Completion date 8/15/2022
- Health and Wellness Director or Designee will report findings of any residents whose medical evaluation not properly filled out with required information or addressed as nonapplicable at the communities QA committee in August 2022, September 2022 and October 2022

Completion Date: 08/15/2022

Document Submission

Implemented

- Residents #1 [redacted]
- Resident #2 Medical evaluation was updated on [redacted] by [redacted] doctor with (4) special health and diet needs along, also (8) body positioning and movement (see the attachment)

141a 1-10 Medical Evaluation Information (continued)

- Resident # 3 medical evaluation was updated with (4) special health and diet needs and (5) allergies [REDACTED] primary on [REDACTED]
- All current residents have the potential to be affected by the deficient practice, but no harm incurred.
- All current resident's charts will be audited by the Health and Wellness Director or designee to make sure required information is documented or addressed as Nonapplicable. Completion date 8/15/2022
- Health and Wellness Director or Designee will report findings of any residents whose medical evaluation not properly filled out with required information or addressed as nonapplicable at the communities QA committee in August 2022, September 2022 and October 2022

141b1 - Annual Medical Evaluation

1. Requirements

2600.

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

Description of Violation

Resident #4's initial medical evaluation was completed on [REDACTED]. The resident's annual medical evaluation, due [REDACTED] was not completed.

Plan of Correction

Accept

- Resident # 4 was affected by this, but no harm incurred. Resident #4s DME was updated on [REDACTED] by [REDACTED] primary physician.
- All current residents have the potential to be affected by the deficient practice.
- All current resident's charts will be audited by the Health and Wellness Director/ designee by 8/15/2022.
- All medical evaluations will be discussed at QA meeting in August 2022, September 2022 and October 2022. A resident medical evaluation will be audited using the community's electronic health system. The H.W.D. and or designee will conduct monthly audits on the assessments to ensure all assessments are conducted fully and accurately. The audits of the medical assessment records will be discussed at August 2022, September 2022 and October 2022 QA meetings

Completion Date: 08/15/2022

Document Submission

Implemented

- Resident # 4 was affected by this, but no harm incurred. Resident #4s DME was updated [REDACTED] [REDACTED] primary physician.
- All current residents have the potential to be affected by the deficient practice.
- All current resident's charts will be audited by the Health and Wellness Director/ designee by 8/15/2022.
- All medical evaluations will be discussed at QA meeting in August 2022, September 2022 and October 2022. A resident medical evaluation will be audited using the community's electronic health system. The H.W.D. and or designee will conduct monthly audits on the assessments to ensure all assessments are conducted fully and accurately. The audits of the medical assessment records will be discussed at August 2022, September 2022 and October 2022 QA meetings

182c - Medication Administration

1. Requirements

2600.

182c - Medication Administration (continued)

182.c. Medication administration includes the following activities, based on the needs of the resident:

2. If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
3. Remove the medication from the original container.

Description of Violation

Resident #5 is prescribed [REDACTED] and [REDACTED]. On [REDACTED] the resident's PRN [REDACTED] was taken out from the resident's standing order [REDACTED].

Resident #6 is prescribed [REDACTED] with an instruction [REDACTED]. However, the resident's [REDACTED] ssure was not checked in the morning on [REDACTED].

Plan of Correction**Accept**

- Resident #5 was affected by this medication error. Resident has experienced no negative impact. The resident, POA and the doctor were all made aware of the medication error by the health and wellness director on [REDACTED]. No recommendations by doctor since resident is out of harm's way.
- Resident # 6 was affected by this medication error. The resident, POA and doctor were both made aware of the medication error by the health and wellness director on [REDACTED]. No recommendations by doctor since resident is out of harm's way. Resident has experienced no negative impact
- All current residents have the potential to be affected by the deficient practice.
- An incident report was documented in our company Riskconnet for resident #5 and Resident # 6.
- Designated Licensed staff will be in serviced on our Medication policy and medication error policy by the Health and Wellness director by 8/15/2022.
- Licensed Staff will also be trained on entering prompts in the electronic health system by the health and wellness director or designee. Completion date 8/15/2022
- The HWD, ED will monitor random resident's electronic records during morning meeting at least weekly to ensure medications are administered and documented appropriately. Completion date: 7/25/2022 and ongoing
- Medications errors will be reviewed by the community's QA committee at the August 2022, September 2022 and October 2022 QA meeting.

Completion Date: 08/15/2022

Document Submission**Implemented**

- Resident #5 was affected by this medication error. Resident has experienced no negative impact. The resident, POA and the doctor were all made aware of the medication error by the health and wellness director on [REDACTED]. No recommendations by doctor since resident is out of harm's way.
- Resident # 6 was affected by this medication error. The resident, POA and doctor were both made aware of the medication error by the health and wellness director on [REDACTED]. No recommendations by doctor since resident is out of harm's way. Resident has experienced no negative impact
- All current residents have the potential to be affected by the deficient practice.
- An incident report was documented in our company Riskconnet for resident #5 and Resident # 6.
- Designated Licensed staff will be in serviced on our Medication policy and medication error policy by the Health and Wellness director by 8/15/2022.
- Licensed Staff will also be trained on entering prompts in the electronic health system by the health and wellness director or designee. Completion date 8/15/2022
- The HWD, ED will monitor random resident's electronic records during morning meeting at least weekly to ensure medications are administered and documented appropriately. Completion date: 7/25/2022 and ongoing

182c - Medication Administration (continued)

- Medications errors will be reviewed by the community's QA committee at the August 2022, September 2022 and October 2022 QA meeting.

185a - Implement Storage Procedures

1. Requirements

2600.

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

Description of Violation

Resident #6 is prescribed [REDACTED]. The following readings were not logged anywhere:

[REDACTED]

Plan of Correction

Accept

Resident #6 was identified. All current residents have the potential to be affected by the deficient practice. The HWD and or designee will audit residents that require vitals to be documented electronic records once a week. Findings of vitals not being documented will be reviewed by the community's QA committee meeting in August 2022, September 2022 and October 2022

Completion Date: 08/15/2022

Document Submission

Implemented

Resident #6 was identified. All current residents have the potential to be affected by the deficient practice. The HWD and or designee will audit residents that require vitals to be documented electronic records once a week. Findings of vitals not being documented will be reviewed by the community's QA committee meeting in August 2022, September 2022 and October 2022

2. Requirements

2600.

185a - Implement Storage Procedures (continued)

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 #6 is prescribed [REDACTED]

. On 0 [REDACTED], these medications were not available.

Plan of Correction**Accept**

- Resident #6 was identified. Medications were reordered.
- All current residents have the potential to be affected by the deficient practice. Health and Wellness director or designated licensed nurse will conduct a MAR to Physician order to medication cart audit by 7/29/2022.
- Health and Wellness Director will in service licensed employees on the company's Medication Policy by 8/15/2022.
- Health and wellness Director will in-service the nurses and med techs on reordering medications. Cart audits will be conducted on the overnight shift daily and documented on the medication cart audit form. Medications that are identified will be reordered.
- The health and Wellness Director, Executive Director and/or designated licensed employees will audit the electronic health record daily for medication exemptions reported as medication not available, ensure medication is promptly ordered.

Completion Date: 08/15/2022

Document Submission**Implemented**

- Resident #6 was identified. Medications were reordered.
- All current residents have the potential to be affected by the deficient practice. Health and Wellness director or designated licensed nurse will conduct a MAR to Physician order to medication cart audit by 7/29/2022.
- Health and Wellness Director will in service licensed employees on the company's Medication Policy by 8/15/2022.
- Health and wellness Director will in-service the nurses and med techs on reordering medications. Cart audits will be conducted on the overnight shift daily and documented on the medication cart audit form. Medications that are identified will be reordered.
- The health and Wellness Director, Executive Director and/or designated licensed employees will audit the electronic health record daily for medication exemptions reported as medication not available, ensure medication is promptly ordered.

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

2600.

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

Description of Violation

Resident #5 is prescribed [REDACTED]. The resident [REDACTED] medication administration record (MAR) does not include the initials of the staff person who signed it out and administered it on [REDACTED]

Plan of Correction**Accept**

- Health and Wellness Director will in service licensed employees and med techs on the company's Medication Administration Record Policy by 7/29/2022.
- The HWD, ED and designated licensed staff will randomly monitor the electronic health records to ensure

187b - Date/Time of Medication Admin. (continued)

medications are administered and documented appropriately. Completion date: 7/25/2022 and ongoing
• The H.W.D will conduct monthly audits in August 2022, September 2022 and October 2022 QA meeting.
• The results will be reviewed in the September 2022 and October 2022 QA meeting

Completion Date: 08/15/2022

Document Submission Implemented

• Health and Wellness Director will in service licensed employees and med techs on the company's Medication Administration Record Policy by 7/29/2022.
• The HWD, ED and designated licensed staff will randomly monitor the electronic health records to ensure medications are administered and documented appropriately. Completion date: 7/25/2022 and ongoing
• The H.W.D will conduct monthly audits in August 2022, September 2022 and October 2022 QA meeting.
• The results will be reviewed in the September 2022 and October 2022 QA meeting

187d - Follow Prescriber's Orders

1. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #5 is prescribed [redacted]. However, the resident was administered [redacted]

Resident #6 is prescribed [redacted] AM [redacted]

Resident #7 is prescribed [redacted]. This medication was not administered on [redacted]

Plan of Correction Accepted

• Health and wellness Director updated computer system to force staff members to input information before being allowed to chart medications. Health and well director or designee will complete audit of all medications orders to ensure prompts are in place. This will be completed by 7/29/2022. Licensed staff will be trained on entering prompts in the electronic health system by the health and wellness director or designee. Completion date 8/15/2022
• Health and Wellness Director will Inservice licensed employees on the company's Medication Administration Record Policy to include following physician's orders by 7/29/2022. (See attachment
• Staff will be in-serviced on the medication administration records policy by the health and wellness director or designee. Completion date 7/29/2022
• Staff will be in serviced on our Medication policy, medication error policy and the state reg 182c by the Health and Wellness director by 7/29/2022. (See attachment for Policy)

Completion Date: 08/15/2022

Document Submission Implemented

• Health and wellness Director updated computer system to force staff members to input information before being allowed to chart medications. Health and well director or designee will complete audit of all medications orders to

187d - Follow Prescriber's Orders (continued)

- ensure prompts are in place. This will be completed by 7/29/2022. Licensed staff will be trained on entering prompts in the electronic health system by the health and wellness director or designee. Completion date 8/15/2022
- Health and Wellness Director will Inservice licensed employees on the company's Medication Administration Record Policy to include following physician's orders by 7/29/2022. (See attachment
 - Staff will be in-serviced on the medication administration records policy by the health and wellness director or designee. Completion date 7/29/2022
 - Staff will be in serviced on our Medication policy, medication error policy and the state reg 182c by the Health and Wellness director by 7/29/2022. (See attachment for Policy)

224a - Preadmission Screen Form

1. 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's preadmission screening form, dated [REDACTED] 1, does not include the resident's mobility need information.

Plan of Correction

Accept

- Resident # 1 is [REDACTED]
- All current residents have the potential to be affected by the deficient practice, but no harm incurred.
- The Health and Wellness Director and/or designee will conduct an audit to ensure current residents have a preadmission screen form to be completed by 08.15.2022.
- The health and wellness and/ or designee will audit all new admissions to make sure the preadmission screen form is completed. The results of the preadmission screen form audit will be discussed at the August 2022 , September 2022 and October 20022 QA meeting.

Completion Date: 08/15/2022

Document Submission

Implemented

- Resident # 1 is [REDACTED]
- All current residents have the potential to be affected by the deficient practice, but no harm incurred.
- The Health and Wellness Director and/or designee will conduct an audit to ensure current residents have a preadmission screen form to be completed by 08.15.2022.
- The health and wellness and/ or designee will audit all new admissions to make sure the preadmission screen form is completed. The results of the preadmission screen form audit will be discussed at the August 2022 , September 2022 and October 20022 QA meeting.

225a - Assessment 15 Days

1. 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 #3 was admitted on [REDACTED] however, the resident's assessment was not completed until [REDACTED]
 Resident #4 was admitted on [REDACTED] however, the resident's assessment was not completed until [REDACTED].
 Resident #8 was admitted on [REDACTED] however, the resident's assessment was not completed until [REDACTED].

Plan of Correction**Accept**

- Resident #3 was identified. All resident charts will be audited to determine who is not in compliance with 255a. Resident # 3 assessment was updated on [REDACTED].
- Resident #4 was identified. All resident charts will be audited to determine who is not in compliance with 255a. Resident # 4 assessment was updated on [REDACTED].
- Resident # 8 was identified. All resident charts will be audited to determine who is not in compliance with 255a. Resident # 8 assessment was updated [REDACTED].
- The findings will be discussed at the monthly QA committee meeting starting in August 2022, september 2022, and October 2022
- All current residents have the potential to be affected by the deficient practice no harm incurred.
- The Health and Wellness Director will be inserviced by the Divisional Director of Health and Wellness on the Resident Evaluation Timeline Policy including the requirement of semi-annual assessments, this ensures current residents have a current assessment. Completion Date: 7/25/2022
- The community's assessment tracking system is the dashboard of the electronic health record.
- The Health and Wellness Director will be in serviced by the Divisional Health and Wellness Director on the community's electronic dashboard alert systems that identifies assessments coming due thirty days before due date. Completion Date: 7/25/2022
- The Health and Wellness Director will complete an audit to ensure current resident have a current assessment. Completion Date: 7/25/2022
- The Health and Wellness Director and Executive Director will review the community's electronic health record dashboard weekly in morning meeting to ensure assessments due in the next 30 days are completed. Completion Date: 7/25/2022 and ongoing.
- The community's QA committee will review during regularly scheduled quarterly QA meetings current resident assessments per the community's electronic health record system and address any trends/concerns promptly.

Completion Date: 08/15/2022**Document Submission****Implemented**

- Resident #3 was identified. All resident charts will be audited to determine who is not in compliance with 255a. Resident # 3 assessment was updated on [REDACTED].
- Resident #4 was identified. All resident charts will be audited to determine who is not in compliance with 255a. Resident # 4 assessment was updated on [REDACTED].
- Resident # 8 was identified. All resident charts will be audited to determine who is not in compliance with 255a. Resident # 8 assessment was updated [REDACTED].
- The findings will be discussed at the monthly QA committee meeting starting in August 2022, september 2022, and October 2022
- All current residents have the potential to be affected by the deficient practice no harm incurred.
- The Health and Wellness Director will be inserviced by the Divisional Director of Health and Wellness on the Resident Evaluation Timeline Policy including the requirement of semi-annual assessments, this ensures current residents have a current assessment. Completion Date: 7/25/2022

225a - Assessment 15 Days (continued)

- The community's assessment tracking system is the dashboard of the electronic health record.
- The Health and Wellness Director will be serviced by the Divisional Health and Wellness Director on the community's electronic dashboard alert systems that identifies assessments coming due thirty days before due date. Completion Date: 7/25/2022
- The Health and Wellness Director will complete an audit to ensure current resident have a current assessment. Completion Date: 7/25/2022
- The Health and Wellness Director and Executive Director will review the community's electronic health record dashboard weekly in morning meeting to ensure assessments due in the next 30 days are completed. Completion Date: 7/25/2022 and ongoing.
- The community's QA committee will review during regularly scheduled quarterly QA meetings current resident assessments per the community's electronic health record system and address any trends/concerns promptly.

227a - Support Plan 30 Days

1. 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 #3 was admitted on [redacted]; however, the resident's support plan was not completed until [redacted]
Resident #8 was admitted on [redacted]; however, the resident's support plan was not completed until [redacted]

Plan of Correction

Accept

- Resident #3 support plan was updated on [redacted].
- Resident # 8 support plan was updated on [redacted].
- The Health and Wellness Director and/or designee will conduct an audit to ensure current residents have a current support plan. Completion Date: 7/25/2022
- The Health and Wellness Director will be serviced by the Divisional Director of Health and Wellness on the Resident Evaluation Timeline Policy including the requirement of support plans, this ensures current residents have a current support plan. Completion Date: 7/25/2022
- The community's support plan tracking system is the dashboard of the electronic health record. The Health and Wellness Director will be serviced by the Divisional Health and Wellness Director on the community's electronic dashboard alert systems that identifies support plans coming due thirty days before due date. Completion Date: 7/25/2022
- The Health and Wellness Director and Executive Director will review the community's electronic health record dashboard weekly in morning meeting to ensure support plans due in the next 30 days are completed. Completion Date: 7/25/2022 and ongoing.
- The community's QA committee will review during regularly scheduled quarterly QA meetings current resident support plan per the community's electronic health record system and address any trends/concerns promptly. Completion Date: 8/4/2022 and ongoing

Completion Date: 07/25/2022

227a - Support Plan 30 Days (continued)

Document Submission

Implemented

- Resident #3 support plan was updated on [REDACTED]
- Resident # 8 support plan was updated on [REDACTED]
- The Health and Wellness Director and/or designee will conduct an audit to ensure current residents have a current support plan. Completion Date: 7/25/2022
- The Health and Wellness Director will be inserviced by the Divisional Director of Health and Wellness on the Resident Evaluation Timeline Policy including the requirement of support plans, this ensures current residents have a current support plan. Completion Date: 7/25/2022
- The community's support plan tracking system is the dashboard of the electronic health record. The Health and Wellness Director will be inserviced by the Divisional Health and Wellness Director on the community's electronic dashboard alert systems that identifies support plans coming due thirty days before due date. Completion Date: 7/25/2022
- The Health and Wellness Director and Executive Director will review the community's electronic health record dashboard weekly in morning meeting to ensure support plans due in the next 30 days are completed. Completion Date: 7/25/2022 and ongoing.
- The community's QA committee will review during regularly scheduled quarterly QA meetings current resident support plan per the community's electronic health record system and address any trends/concerns promptly. Completion Date: 8/4/2022 and ongoing

227g -Support Plan Signatures

1. 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 initial assessment/support plan (RASP) dated [REDACTED] was not signed by the assessor.

Resident #3's initial RASP dated [REDACTED] was not signed by the assessor and/or the resident.

Plan of Correction

Accept

- Resident # 1 is [REDACTED]
- Resident #3 was identified. Residents rasp is current and was completed on [REDACTED]
- All current residents have the potential to be affected by the deficient practice, but no harm incurred.
- Health and Wellness Director or designee will do an audit of all current RASPs to ensure a signature has been obtained. If a signature has not been obtained the health and wellness director or designee will document in the resident's medical record stating the reason. This will be completed by 7/29/2022
- The findings of the Resident RASP Audit will be addressed at the QA meetings in August 2022, September 2022 and October 2022.
- Any new residents will have their assessments audited by H.W.D or designee weekly.
- The community will address any trends/concerns regarding signature not being documented at the QA meeting in August 2022, September 2022 and October 2022.

Completion Date: 08/15/2022

227g -Support Plan Signatures (continued)

Document Submission**Implemented**

- Resident # 1 is [REDACTED]
- Resident #3 was identified. Residents rasp is current and was completed on [REDACTED]
- All current residents have the potential to be affected by the deficient practice, but no harm incurred.
- Health and Wellness Director or designee will do an audit of all current RASPs to ensure a signature has been obtained. If a signature has not been obtained the health and wellness director or designee will document in the resident's medical record stating the reason. This will be completed by 7/29/2022
- The findings of the Resident RASP Audit will be addressed at the QA meetings in August 2022, September 2022 and October 2022.
- Any new residents will have their assessments audited by H.W.D or designee weekly.
- The community will address any trends/concerns regarding signature not being documented at the QA meeting in August 2022, September 2022 and October 2022.

227h - Support Plan Refuse Sign

1. Requirements

2600.

227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

Description of Violation

Resident #3's support plan dated [REDACTED] is not signed by the resident; however, there is no notation of inability or refusal to participate/sign.

Plan of Correction**Accept**

- Resident #3 support plan is updated. Resident refused to sign and that was documented in a progress note
- All current residents have the potential to be affected by the deficient practice, but no harm incurred.
- Health and Wellness Director will do an audit of all current residents' charts to ensure that their support plan is updated. Health and Wellness Director or designee will make sure that if a resident is unable or refuses to sign there is documentation supporting this in the resident's chart. This will be completed by 7/29/2022
- The findings of the Resident Support Plan Signature Audit will be reviewed at the QA meeting in August 2022, September 2022 and October 2022
- Any new resident will have their assessments audited by the health and wellness director or designee within 72 hours of them signing it. The community will address any trends/concerns promptly. Completion Date: 8/15/2022

Completion Date: 08/15/2022

Document Submission**Implemented**

- Resident #3 support plan is updated. Resident refused to sign and that was documented in a progress note
- All current residents have the potential to be affected by the deficient practice, but no harm incurred.
- Health and Wellness Director will do an audit of all current residents' charts to ensure that their support plan is updated. Health and Wellness Director or designee will make sure that if a resident is unable or refuses to sign there is documentation supporting this in the resident's chart. This will be completed by 7/29/2022
- The findings of the Resident Support Plan Signature Audit will be reviewed at the QA meeting in August 2022, September 2022 and October 2022
- Any new resident will have their assessments audited by the health and wellness director or designee within 72 hours of them signing it. The community will address any trends/concerns promptly. Completion Date: 8/15/2022

227h - Support Plan Refuse Sign (continued)

233c - Key-Locking Devices

1. Requirements

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The directions for operating the home's locking mechanism are not conspicuously posted near the exit from the enclosed court yard.

Plan of Correction**Accept**

• *Memory Care Director and Plant Director will place stickers with the code on it to ensure residents and families have code for egress. This was completed on 07.11.2022. The Memory Care Director will do weekly audits of all egresses to ensure label is conspicuously posted. The findings of the audits of the locking device code will be addressed at the August 2022, September and October QA meeting.*

Completion Date: 07/11/2022

Document Submission**Implemented**

• *Memory Care Director and Plant Director will place stickers with the code on it to ensure residents and families have code for egress. This was completed on 07.11.2022. The Memory Care Director will do weekly audits of all egresses to ensure label is conspicuously posted. The findings of the audits of the locking device code will be addressed at the August 2022, September and October QA meeting.*

252 - Record Content

1. Requirements

2600.

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

1. Name, gender, admission date, birth date and Social Security number.
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
3. A photograph of the resident that is no more than 2 years old.
4. Language or means of communication spoken or used by the resident.

Description of Violation

Resident #2's record/face sheet does not include social security number, race, color of hair and eyes, identifying marks, and language.

Plan of Correction**Accept**

Resident #2 face sheet was updated with name, gender, admission date, birthdate, and social security number, race, height, weight, color of hair, color of eyes, religious affiliation, and language.

- *All current residents have the potential to be affected by the deficient practice, but no harm incurred.*
- *Health and Wellness Director will do an audit of all current residents' charts to ensure face sheets are updated with photo, Name, gender, admission date, birth date and Social Security number, Language or means of communication spoken or used by the resident. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks completion by 08.15.2022*
- *Health and Wellness Director or Designee will retake all current residents' photos that have lived at the facility*

252 - Record Content (continued)

two years or more with a completion Date: 8/15/2002

• The findings from the Resident Face Sheet Audit will be addressed at the August 2022, September 2022, and October 2022 QA meeting

Completion Date: 08/15/2022

Document Submission**Implemented**

Resident #2 face sheet was updated with name, gender, admission date, birthdate, and social security number, race, height, weight, color of hair, color of eyes, religious affiliation, and language.

• All current residents have the potential to be affected by the deficient practice, but no harm incurred.

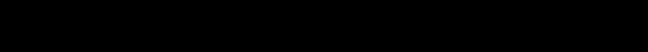
• Health and Wellness Director will do an audit of all current residents' charts to ensure face sheets are updated with photo, Name, gender, admission date, birth date and Social Security number, Language or means of communication spoken or used by the resident. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks completion by 08.15.2022

• Health and Wellness Director or Designee will retake all current residents' photos that have lived at the facility two years or more with a completion Date: 8/15/2002

• The findings from the Resident Face Sheet Audit will be addressed at the August 2022, September 2022, and October 2022 QA meeting

Department of Human Services
Bureau of Human Service Licensing

September 30, 2022


ARHC WHWCHPA01 TRS LLC
1361 EAST BOOT ROAD
EXECUTIVE DIRECTOR
WEST CHESTER, PA, 19380

RE: WELLINGTON COURT AT HERSHEY'S
MILL
1361 EAST BOOT ROAD
WEST CHESTER, PA, 19380
LICENSE/COC#: 14136

Dear 

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/17/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

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: *WELLINGTON COURT AT HERSHEY'S MILL* License #: *14136* License Expiration: *03/23/2023*
Address: *1361 EAST BOOT ROAD, WEST CHESTER, PA 19380*
County: *CHESTER* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *ARHC WHWCHPA01 TRS LLC*
Address: *1361 EAST BOOT ROAD, EXECUTIVE DIRECTOR, WEST CHESTER, PA, 19380*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: Total Daily Staff: *56* Waking Staff: *42*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Monitoring* Exit Conference Date: *08/17/2022*

Inspection Dates and Department Representative

08/17/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *114* Residents Served: *48*

Secured Dementia Care Unit

In Home: *Yes* Area: *1st floor* Capacity: *40* Residents Served: *7*

Hospice

Current Residents: *xx*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *48*
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *8* Have Physical Disability: *3*

Inspections / Reviews

08/17/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/08/2022*

09/07/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/12/2022*

Inspections / Reviews (*continued*)

09/14/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *09/30/2022*

09/30/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

25b - Contract Signatures

1. 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] 22, for resident #1 was not signed by the resident.

Plan of Correction

Accept

- The Director of Sales had Residents # 1 contract updated on [REDACTED]
- All current residents have the potential to be affected by this deficient practice however no other residents were impacted
- The Director of Sales, Business Office manager and Executive Director will be in serviced on PA.2600.25. b by the Divisional Director of Health and Wellness by 9/15/2022.
- The Business office manager, the Sales Director or designee will conduct an audit beginning on 8/8/2022 of the current contracts to verify that the residents have signed their Contract. The Business office manager or Sales Director will be reviewing the contract to verify that if a resident refused, they are making three separate documented attempts. Date of completion 9/15/2022.
- The Sales Director and Business office manager will conduct 10% audit of new resident's contracts monthly and will report to the Executive Director of the audit's findings. Starting by 9/15/2022
- The Executive Director or designee will discuss the audit of contract signatures during the Quality Assurance review in September 2022 meeting.

Completion Date: 09/15/2022

Document Submission

Implemented

- The Director of Sales had Residents # 1 contract updated on [REDACTED]
- All current residents have the potential to be affected by this deficient practice however no other residents were impacted
- The Director of Sales, Business Office manager and Executive Director will be in serviced on PA.2600.25. b by the Divisional Director of Health and Wellness by 9/15/2022.
- The Business office manager, the Sales Director or designee will conduct an audit beginning on 8/8/2022 of the current contracts to verify that the residents have signed their Contract. The Business office manager or Sales Director will be reviewing the contract to verify that if a resident refused, they are making three separate documented attempts. Date of completion 9/15/2022.
- The Sales Director and Business office manager will conduct 10% audit of new resident's contracts monthly and will report to the Executive Director of the audit's findings. Starting by 9/15/2022
- The Executive Director or designee will discuss the audit of contract signatures during the Quality Assurance review in September 2022 meeting.

185a - Implement Storage Procedures

1. Requirements

2600.

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

185a - Implement Storage Procedures (continued)

Description of Violation

Resident #2 is prescribed [REDACTED]. On [REDACTED] the resident's [REDACTED] on the resident's [REDACTED] but it was not logged on the resident's [REDACTED] medication administration record (MAR).

Plan of Correction**Accept**

- On [REDACTED] Health and wellness Director wrote a progress note for resident #2 documenting the resident's [REDACTED].
- Current residents receiving [REDACTED] have the potential to be affected by the deficient practice however no other residents were impacted.
- The Health and Wellness Director will in-service licensed staff on PA 2600. 185.a This will be completed by 9/15/2022
- The Health and Wellness Director or designee will conduct a weekly audit starting 8/18/2022 for one month and then monthly thereafter of the blood sugar documentation to verify compliance.
- The findings from the audit will be discussed by the Executive Director or Designee at the quarterly Quality Assurance review monthly for three months starting in September 2022.

Completion Date: 09/15/2022

Document Submission**Implemented**

- On [REDACTED] am Health and wellness Director wrote a progress note for resident #2 documenting the [REDACTED].
- Current residents receiving [REDACTED] have the potential to be affected by the deficient practice however no other residents were impacted.
- The Health and Wellness Director will in-service licensed staff on PA 2600. 185.a This will be completed by 9/15/2022
- The Health and Wellness Director or designee will conduct a weekly audit starting 8/18/2022 for one month and then monthly thereafter of the blood sugar documentation to verify compliance.
- The findings from the audit will be discussed by the Executive Director or Designee at the quarterly Quality Assurance review monthly for three months starting in September 2022.

187a - Medication Record

1. Requirements

2600.

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

6. Dose.

Description of Violation

Resident #2 is prescribed [REDACTED]. However, the resident's [REDACTED] MAR does not include the [REDACTED].

Plan of Correction**Accept**

- On [REDACTED] Health and wellness Director wrote a progress note for resident #2 documenting the resident's [REDACTED] administered.
- Current residents receiving [REDACTED] have the potential to be affected by the deficient practice however

187a - Medication Record (continued)

no other residents were impacted.

- The Health and Wellness Director will in-service licensed staff on PA 2600. 187.a This will be completed by 9/15/2022
- The Health and Wellness Director or designee will complete weekly audits of the [redacted] documentation to verify compliance and the results of the audit will be discussed with the Executive Director. Started by 9/15/2022
- The findings from the audit will be discussed by the Executive Director or designee at the quarterly Quality Assurance review monthly for three months starting in September 2022 .

Completion Date: 09/15/2022

Document Submission

Implemented

- On [redacted] Health and wellness Director wrote a progress note for resident #2 documenting the resident's [redacted] administered.
- Current residents receiving [redacted] have the potential to be affected by the deficient practice however no other residents were impacted.
- The Health and Wellness Director will in-service licensed staff on PA 2600. 187.a This will be completed by 9/15/2022
- The Health and Wellness Director or designee will complete weekly audits of the [redacted] to verify compliance and the results of the audit will be discussed with the Executive Director. Started by 9/15/2022
- The findings from the audit will be discussed by the Executive Director or designee at the quarterly Quality Assurance review monthly for three months starting in September 2022 .

187b - Date/Time of Medication Admin.

1. Requirements

2600.

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

Description of Violation

Resident #2 is prescribed [redacted]. The resident's August MAR does not include the initials of the staff person who checked the [redacted] and injected or did not inject the [redacted] accordingly.

Resident #3 is prescribed [redacted]. This medication was signed out and administered at [redacted]. However, there is no staff initials present for this administration.

Plan of Correction

Accept

- Resident #2 Mar was updated by a [redacted] to reflect administration.
- Current residents [redacted] have the potential to be affected by the deficient practice. however no other residents were impacted
- Health and Wellness Director or designee will in-service license staff on PA.2600.187.b. This will be by completed by 9/15/2022.
- Authorized staff will be educated by the Health and Wellness Director on reviewing the medication administration record prior to the end of their shift to verify that medications are being documented per company policy . Starting by 9/15/2022
- Results of the audit will be discussed by the Executive Director or designee during the Quality assurance review in

187b - Date/Time of Medication Admin. (continued)

September 2022 meeting.

Completion Date: 09/15/2022

Document Submission

Implemented

- Resident #2 Mar was updated by a [redacted] to reflect administration.
- Current residents [redacted] have the potential to be affected by the deficient practice. however no other residents were impacted
- Health and Wellness Director or designee will in-service license staff on PA.2600.187.b. This will be by completed by 9/15/2022.
- Authorized staff will be educated by the Health and Wellness Director on reviewing the medication administration record prior to the end of their shift to verify that medications are being documented per company policy . Starting by 9/15/2022
- Results of the audit will be discussed by the Executive Director or designee during the Quality assurance review in September 2022 meeting.

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

Resident #2 is prescribed [redacted] medication was not administered to the resident [redacted] because the medication was not available in the home. However, this

Plan of Correction

Accept

- Health and Wellness Director notified Physician and family on [redacted] 2. Health and Wellness Director faxed the state reportable on 8/31/2022.
- Current residents receiving medication administration have the potential to be affected by the deficient practice. however no other residents were impacted
- The family of resident #2 delivered the medications to the facility on 8/19/2022.
- Medication Cart audits will be conducted by a License staff member twice a week for one month followed by weekly thereafter by a licensed staff member to verify that medications are available. The results of the audits will be discussed with the Health & Wellness Director & the executive Director for follow up. Started by 9/15/2022
- Health and Wellness Director or designee will in-service license staff on PA.2600.187.d by completion date 9/15/2022
- Health and Wellness Director or designee will in-service license staff on PA.2600.187.d by completion date 9/15/2022.
- The results of the audits will be discussed at Quality Assurance review by the Executive Director or designee monthly for three months .Starting in September 2022

Completion Date: 09/15/2022

Document Submission

Implemented

- Health and Wellness Director notified Physician and family on 8/18/2022. Health and Wellness Director faxed the state reportable on 8/31/2022.

187d - Follow Prescriber's Orders (continued)

- Current residents receiving medication administration have the potential to be affected by the deficient practice. however no other residents were impacted
- The family of resident #2 delivered the medications to the facility on 8/19/2022.
- Medication Cart audits will be conducted by a License staff member twice a week for one month followed by weekly thereafter by a licensed staff member to verify that medications are available. The results of the audits will be discussed with the Health & Wellness Director & the executive Director for follow up. Started by 9/15/2022
- Health and Wellness Director or designee will in-service license staff on PA.2600.187.d by completion date 9/15/2022
- Health and Wellness Director or designee will in-service license staff on PA.2600.187.d by completion date 9/15/2022.
- The results of the audits will be discussed at Quality Assurance review by the Executive Director or designee monthly for three months .Starting in September 2022

2. Requirements

2600.

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

Description of Violation

Resident #3 is prescribed [REDACTED] However, this medication was signed out and administered at [REDACTED]

Plan of Correction

Accept

- Health and Wellness Director notified Physician and family [REDACTED]. Health and Wellness Director faxed the state reportable on [REDACTED]
- Current residents receiving medication administration have the potential to be affected by the deficient practice. however no other residents were impacted
- The family of resident #2 delivered the medications to the facility on [REDACTED]
- Medication Cart audits will be conducted by a License staff member twice a week for one month followed by weekly thereafter by a licensed staff member to verify that medications are available. The results of the audits will be discussed with the Health & Wellness Director & the executive Director for follow up. Started by 9/15/2022
- Health and Wellness Director or designee will in-service license staff on PA.2600.187.d by completion date 9/15/2022.
- The results of the audits will be discussed at Quality Assurance review by the Executive Director or designee monthly for three months .Starting in September 2022

Completion Date: 09/15/2022

Document Submission

Implemented

- Health and Wellness Director notified Physician and family on 8/18/2022. Health and Wellness Director faxed the state reportable on 8/31/2022.
- Current residents receiving medication administration have the potential to be affected by the deficient practice. however no other residents were impacted
- The family of resident #2 delivered the medications to the facility on 8/19/2022.
- Medication Cart audits will be conducted by a License staff member twice a week for one month followed by weekly thereafter by a licensed staff member to verify that medications are available. The results of the audits will be discussed with the Health & Wellness Director & the executive Director for follow up. Started by 9/15/2022

187d - Follow Prescriber's Orders (continued)

- Health and Wellness Director or designee will in-service license staff on PA.2600.187.d by completion date 9/15/2022.
- The results of the audits will be discussed at Quality Assurance review by the Executive Director or designee monthly for three months .Starting in September 2022

231c - Preadmission Screening

1. 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 #1 was admitted to the [redacted]. However, the resident's written [redacted]

Plan of Correction

Accept

- The [redacted] updated resident #1's preadmission screening on [redacted] to reflect this change to the prescreening. [redacted] document this change in a late entry progress note on [redacted]
- All current residents have the potential to be affected by the deficient practice, but no harm incurred.
- Health and Wellness Director, Memory Care Director, and Executive Director will be in serviced on PA 2600. 231.c. by Divisional Director of Health and Wellness by 9/15/2022.
- The Health and Wellness director or designee will review all preadmission screenings prior to a resident admitting to the facility to verify compliance. Started by 9/15/2022 and ongoing.

Completion Date: 09/15/2022

Document Submission

Implemented

- The [redacted] updated resident #1's preadmission screening [redacted] to reflect this change to the prescreening. [redacted] document this change in a late entry progress note on [redacted]
- [redacted] potential to be affected by the deficient practice, but no harm incurred.
- Health and Wellness Director, Memory Care Director, and Executive Director will be in serviced on PA 2600. 231.c. by Divisional Director of Health and Wellness by 9/15/2022.
- The Health and Wellness director or designee will review all preadmission screenings prior to a resident admitting to the facility to verify compliance. Started by 9/15/2022 and ongoing.