



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: JANUARY 20, 2023

██████████
██████████
SQR OPCO, LLC
Attn: Atria Mgmt Co. – Legal Department
██████████
██████████

RE: Atria Lafayette Hill
9303 Ridge Pike
Philadelphia, Pennsylvania 19128
License #: 146651

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspection June 30, 2022, July 11, 12, and 20, 2022, September 7, 2022, and October 3, 2022 of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance 146650 dated May 12, 2022 to May 12, 2023 and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. The license dated May 12, 2022 to May 12, 2023 is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. § 1026 (b)(1) ;(4) and 55 Pa. Code § 20.71(a)(2) ;(3) ;(4) ;(5) ;(6) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from January 20, 2023 to July 20, 2023.

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

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


55 Pa. Code Chapter 2600:	Class of Violation	Census at Inspection	Fine Per Resident X Per day	Calculated Fine = Per Day	Mandated Correction Date (to avoid Fine)
187 d	II	90	\$5	\$450	5 calendar days from mailing date of this letter

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

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

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

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


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

[REDACTED]

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

Sincerely,

Jamie Buchenauer
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc:

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

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

Facility Information

Name: *ATRIA LAFAYETTE HILL* License #: *14665* License Expiration: *05/12/2023*
Address: *9003, Lafayette Hill, PA 19444*
County: *MONTGOMERY* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: *267.768.7779 ext. 102* Email: [REDACTED]

Legal Entity

Name: *SQR OPCO LLC*
Address: *300 EAST MARKET ST, SUITE 100, LOUISVILLE, KY, 40202*
Phone: *2677687779* Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *132* Waking Staff: *99*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Incident* Exit Conference Date: *07/21/2022*

Inspection Dates and Department Representative

06/30/2022 - On-Site: [REDACTED]
07/11/2022 - Off-Site: [REDACTED]
07/12/2022 - Off-Site: [REDACTED]
07/20/2022 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *170* Residents Served: *94*

Secured Dementia Care Unit

In Home: *Yes* Area: *Life Guidance* Capacity: *32* Residents Served: *26*

Hospice

Current Residents: *xx*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *94*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *38* Have Physical Disability: *0*

Inspections / Reviews

06/30/2022 - Partial

Lead Inspector: [REDACTED] Follow Up Type: *Exception* Follow Up Date:

15a - Resident Abuse Report

1. Requirements

2600.

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

Description of Violation

On 06/25/2022 at 09:30 AM, the home initiated an investigation into an alleged abuse of a resident by a staff member. The home did not report this allegation of abuse to the local area agency of aging until 06/27/2022 around 06:40 PM.

Correction

Directed

Directed Plan of Correction 8/11/22 [redacted]

Immediately, the administrator shall review all reported incidents and any allegations of abuse at least weekly to ensure any allegations of abuse and reportable incidents are reported in accordance with the Older Adult Protective Services Act and the Department of Human Services Regulations

By 8/31/22, all direct care staff, ancillary staff persons, substitute personnel, volunteers and management staff including the administrator shall receive training in abuse reporting and prevention and resident rights from a Department-approved outside source. Documentation of training shall be kept in the staff records.

Completion Date: 08/31/2022 Licensee's proposed date of implementation Not Implemented- 1/4/23 [redacted]

16c - Written Incident Report

1. Requirements

2600.

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

Description of Violation

On 06/24/2022 at 09:00 PM, resident #1 was taken to an emergency room due to a complaint of arm pain and returned at 01:00 AM on 06/25/2022. In the morning of 06/25/2022, the home initiated an investigation of an alleged abuse by a direct care staff. However, the home did not report this incident to the department until 06/27/2022.

Correction

Directed

Directed Plan of Correction 8/11/22 [redacted]

Immediately, the administrator or designee shall review all reportable incidents and conditions at least weekly to ensure all reportable incidents and conditions are reported to the Department in accordance with regulation 2600.16c.

By 8/31/22, all staff persons shall be educated on the home's policy and procedures for reportable incidents and conditions including the reporting requirements. Documentation of education shall be kept.

Completion Date: 08/31/2022 Licensee's proposed date of implementation Implemented 1/4/23 [redacted]

23a - Activities of Daily Living Assistance

1. Requirements

23a - Activities of Daily Living Assistance (continued)

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

The assessment and support plan for resident #1, dated [REDACTED], indicates the resident requires assistance with grooming, bathing/showering, and dressing. On several occasions since [REDACTED] admission on 03/01/2022, the resident did not receive this assistance as required. Despite the resident's family's repeated requests for attention, the resident was not changed (in the night gown way past 10:00 AM), not dressed seasonally appropriately, hair not washed/brushed, and smelled of [REDACTED]. In the morning of June 24/2022 around 10:30 AM, the resident was sitting on a couch in the hallway still in [REDACTED] night gown and visibly wet. In the morning of 06/26/2022 around 11:00 AM, the resident was still in [REDACTED] pajamas which was visibly soiled.

Correction

Directed

Directed Plan of Correction 8/11/22 [REDACTED]:

Immediately, the administrator or designee shall monitor the care and services of for residents whom require mental health or behavioral care and services for at least two residents a week for three months and biannually thereafter to ensure the residents are receiving the care and services indicated in the resident's support plans. Documentation of monitoring will be kept.

By 8/31/22, the administrator or designated staff person will educate all direct care staff on resident specific support plans and positive interventions for residents whom require mental health or behavioral care and services. Documentation education will be kept.

Completion Date: 08/31/2022 Licensee's proposed date of implementation

Implemented 1/4/23 [REDACTED]

24 - Personal Hygiene

1. Requirements

2600.

24. Personal Hygiene - A home shall provide the resident with assistance with personal hygiene as indicated in the resident s assessment and support plan. Personal hygiene includes one or more of the following:

1. Bathing.
2. Oral hygiene.
3. Hair grooming and shampooing.
4. Dressing, undressing and care of clothes.

Description of Violation

The assessment and support plan for resident #1, dated 0 [REDACTED], indicates the resident requires assistance with grooming, bathing/showering, and dressing. On several occasions since her admission on 03/01/2022, the resident did not receive this assistance as required. Despite the resident's family's repeated requests for attention, frequently the resident was not changed and was still in [REDACTED] night gown past 10:00 AM, not dressed seasonally appropriately, hair not washed/brushed, and smelled of [REDACTED]. In the morning of 06/24/2022 around 10:30 AM, the resident was sitting on a couch in the hallway still in [REDACTED] night gown and visibly wet. In the morning of 06/26/2022 around 11:00 AM, the resident was still in [REDACTED] pajamas which was visibly soiled.

Correction

Directed

Directed Plan of Correction 8/11/22 [REDACTED]:

24 - Personal Hygiene (continued)

By 8/15/22, all direct care staff shall be educated concerning the daily ongoing care of residents including assisting residents with personal hygiene as needed. The education will include the need for the documentation of staff attempts to provide these services even if the resident refuses. Documentation of education will be kept.

Starting 8/15/22 and continuing for four months, the administrator shall monitor all residents weekly to ensure residents personal hygiene needs are met. Documentation will be kept.

Completion Date: 08/31/2022 Licensee's proposed date of implementation

Implemented 1/4/23

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 02/15/2022, for resident #1, was not signed by the resident.

Correction

Directed

Directed Plan of Correction 8/11/22

By 8/15/22, the administrator or designee will present resident #1's contract to the resident to be signed. If the resident is unable, or refuses to sign, the home shall make documented efforts and make annotations on the documented where indicated for the resident signature.

By 8/31/22, all staff persons involved in the admission's process will be educated on the completion of resident-home contracts including required signatures in accordance with regulation 2600.25(b). Documentation of education will be kept.

By 8/31/22 the administrator or designee shall review all contracts for newly admitted residents to ensure the required signatures have been obtained in accordance with regulation 2600.25(b).

Completion Date: 08/31/2022 Licensee's proposed date of implementation

Not Implemented- 1/4/23

42b - Abuse

1. Requirements

2600.

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

Description of Violation

On 06/24/2022 at 07:30 AM, resident #1 was noticed with a small scratch on her left eye brow and later on with a slight discoloration of the corner of the left eye. Nobody assessed the resident until 07:30 PM when an evening direct care staff was getting the resident ready for bed and noticed the resident's pain on the left arm and alerted the nursing staff. At 09:00 PM, the resident was taken to an emergency room by the resident's [redacted] and came back around 01:00 AM on 06/25/2022 with a diagnosis of radial head fracture. Only then did the home initiate an investigation of how the resident's injury came about. During the home's internal investigation, staff A, who worked during the overnight shift of 06/23 and 06/24/2022, stated that staff B was aggressive towards resident #1 (grabbing the resident's arm forcefully

42b - Abuse (continued)

and not helping the resident to get up when the resident fell on the floor.) Staff A also stated that later when staff A heard resident #1's yell near the kitchen/dining room area and got to the resident, who was already up and was guided by staff B towards the resident's room, there was a mark/scratch on the resident's eye brow. Staff A asked staff B about the mark/scratch but staff B just shrugged it off as being just a small scratch. Neither staff A nor staff B reported this fall incident.

Correction

Directed

Directed Plan of Correction 8/11/22 CM:

Immediately, any allegations of abuse will be managed in accordance with the Older Adult Protective Services Act including: reporting, suspension or supervision of staff and investigation.

By 8/15/22, the administrator shall develop and implement a policy and procedure to ensure all residents receive proper medical care in a timely manner. The policy and procedure will include seeking the proper medical care through the resident's physician or emergency medical care. This will include recognition and response to emergency situations and a decline in the resident's health status and the proper notification to the resident's physician and the home's administrator or the designated staff person when a resident's health status declines.

By 8/31/22, all direct care staff, ancillary staff persons, substitute personnel, volunteers and management staff including the administrator shall receive training in abuse reporting and prevention and resident rights from a Department-approved outside source. Documentation of training shall be kept.

Completion Date: 08/31/2022 Licensee's proposed date of implementation

Not Implemented- 1/4/23

44f - Written Decision

1. Requirements

2600.

44.f. Within 7 days after the submission of a written complaint, the home shall give the complainant and, if applicable, the designated person, a written decision explaining the home's investigation findings and the action the home plans to take to resolve the complaint. If the resident is not the complainant, the affected resident shall receive a copy of the decision unless contraindicated by the support plan. If the home's investigation validates the complaint allegations, a resident who could potentially be harmed or his designated person shall receive a copy of the decision, with the name of the affected resident removed, unless contraindicated by the support plan.

Description of Violation

On 06/27/2022, a written complaint regarding resident #1's care was filed with the home. As of 07/21/2022, the home does not have any documentation that a written decision explaining the home's investigation findings and the action the home plans to take to resolve the complaint was given to the complainant within 7 days after the submission of the complaint.

Correction

Directed

Directed Plan of Correction 8/11/22

Immediately, the administrator shall respond, in writing, to any outstanding written complaints.

44f - Written Decision (continued)

By 8/15/22, the administrator shall review, develop, and/or revise the home's policies regarding the reporting, documentation, and tracking of written complaints. All staff involved in the process shall be educated on the new or revised policy.

Completion Date: 08/15/2022 Licensee's proposed date of implementation

Implemented 1/4/23

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

On 06/30/2022 at 09:30 AM, following items 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 to residents:

- *Ecolab 14 plus Antibacterial all purpose cleaner, Air Wick Pure Odor protect, Everyman Jack Hand Sanitizer in the vanity area in resident room*
- *Neutrogena Ultra Sheer Sunscreen and Parodontax toothpaste in resident room bathroom*
- *Crest toothpaste (several), Sensodyne ProEnamel toothpaste, roll-on deodorant in resident room bathroom*
- *two 92 oz bottles of Tide Free and Gentle liquid detergent in the unlocked laundry room*

Not all the residents of the home have been assessed capable of recognizing and using poisons safely.

Repeat Violation Dates: 6/14/22 et al; 4/26/22.

Correction

Directed

Directed Plan of Correction 8/11/22

Starting 8/11/22, a designated staff person shall check the home daily on each shift to ensure poisonous materials are locked and inaccessible to residents.

Starting 8/11/22 and continuing for four months, the administrator shall monitor the home weekly to ensure poisonous materials are locked and inaccessible to residents.

By 8/31/22, all staff persons will be educated concerning the safe storage of poisonous materials and the risks to residents. Documentation of education shall be kept.

Completion Date: 08/31/2022 Licensee's proposed date of implementation

Implemented 1/4/23

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 06/30/2022, a chair in the living room of resident room #1 was soiled with [redacted] There was a large stain at the

85a - Sanitary Conditions (continued)

corner between the closet and the wall in resident room [REDACTED] There was a soiled depend under resident #1's bed in room [REDACTED] The bathroom in resident room [REDACTED] shared by two residents, had a towel rack with an unlabeled white bath towel.

Correction

Directed

Directed Plan of Correction 8/11/22 CM:

Starting 8/15/22, a designated staff person shall monitor the home at least daily to ensure sanitary conditions are maintained.

Starting 8/15/22 and continuing for four months, the administrator shall monitor the home at least weekly to ensure sanitary conditions are maintained in the home to include food, food equipment storage areas, and bathrooms.

By 8/31/22, all staff persons shall be re-educated on maintaining sanitary conditions including immediately correcting or reporting any unsanitary conditions. Documentation of education shall be kept.

Completion Date: 08/31/2022 Licensee's proposed date of implementation

Implemented 1/4/23 [REDACTED]

85d - Trash Receptacles

1. Requirements

2600.

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

Description of Violation

On 06/30/2022 at 10:00 AM, the trash can in the bathroom of resident room [REDACTED] shared by two residents, was not covered.

Correction

Directed

Directed Plan of Correction 8/11/22 [REDACTED]

By 8/13/22, the administrator or designee shall develop and implement a process and procedure to check bathroom trash receptacles on each shift to ensure the trash receptacle is covered. Documentation of checks shall be kept.

Completion Date: 08/31/2022 Licensee's proposed date of implementation

Implemented 1/4/23 [REDACTED]

95 - Furniture and Equipment

1. Requirements

2600.

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

Description of Violation

Resident #2's bed is equipped with an enabler, which is more than 8 inches wide and not covered.

Correction

Directed

Directed Plan of Correction 8/11/22 CM:

Immediately, the administrator shall inspect all enabler devices used in the home to ensure that the enabler is covered and is being used in accordance with the manufacturer's instructions.

95 - Furniture and Equipment (continued)

Starting 8/15/22 and continuing weekly for three months, then monthly for three months, the administrator or designee shall audit all enabler devices in use to ensure that the enabler is covered, that entrapment points are covered and protected, that the resident is physically and mentally able to use the device, and that the device is secure and is being used in accordance with manufacturer's instructions. Documentation of audits shall be kept.

Completion Date: 08/31/2022 Licensee's proposed date of implementation

Implemented 1/4/23

101i - Access to Bedroom

1. Requirements

2600.

101.i. A resident shall have access to his bedroom at all times.

Description of Violation

On 06/30/2022, resident room [REDACTED], located in the Secure Dementia Care Unit, was locked and the resident did not have a key. Repeat Violation Date: 6/14/22 et al

Correction

Directed

Directed Plan of Correction 8/11/22 [REDACTED]

Immediately, the administrator shall audit all rooms to ensure that bedroom doors remain unlocked for all residents in the Secured Dementia Care Unit (SDCU).

Starting 8/15/22, the administrator or designee shall check all resident doors in the SDCU at least three times per week on varying shifts, to ensure that the resident doors are not locked and that the resident has access to the room at all times.

Completion Date: 08/31/2022 Licensee's proposed date of implementation

Implemented 1/4/23

102i - Soap Dispenser

1. Requirements

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

The bathroom in resident room [REDACTED], and [REDACTED] had bar soaps (either one or two depending on single or double occupancy) instead of a dispenser with soap. The bar soaps were lying on the sink without any soap dish/holder. The bar soaps in the bathroom sinks of resident room [REDACTED] shared by two residents were not labeled.

Correction

Directed

Directed Plan of Correction 8/11/22 [REDACTED]

Starting 8/12/22, a designated staff person will check the home daily for unlabeled soap.

Starting 8/15/22 and continuing for four months, the administrator shall monitor the home weekly to ensure a dispenser of soap is available and bar soap is clearly labeled at each bathroom sink. Documentation of the checks shall be kept.

102i - Soap Dispenser (continued)

By 8/31/22, all staff persons shall be educated on the need to maintain soap at each bathroom sink, including the health risk involved in not providing soap for proper hand washing and the use of shared soap. Documentation of education shall be kept in the staff record.

Completion Date: 08/31/2022 Licensee's proposed date of implementation

Implemented 1/4/23

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] is checked "None" instead of "Secured Dementia Care" for section (4): Special Health or Dietary Needs.

Correction

Directed

Directed Plan of Correction 8/11/22 [REDACTED]

Immediately, the administrator or designated staff person shall review all current medical evaluations to ensure that all required information is completed, including special health or dietary needs, medication list, level of care and allergies. Incomplete medical evaluations will be returned to the physician for completion or new medical evaluations will be scheduled.

By 8/31/22, the administrator or designated staff person will develop and implement a process and procedures to ensure all newly completed medical evaluation are accurate and complete.

Completion Date: 08/31/2022 Licensee's proposed date of implementation

Implemented 1/4/23

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 #1 is prescribed Hydroxyzine Pamoate 25 mg. This medication was pending pharmacy delivery and was not

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

available between 06/08/2022 and 06/17/2022. However, the resident's June medication administration record (MAR) includes staff initials on 06/12 and 06/15/2022.

Correction

Directed

Directed Plan of Correction 8/11/22

Immediately, the administrator or designated staff person qualified to administer medications shall monitor medication administration at least twice a week and monitor all resident MAR's at least weekly to ensure all resident medications are administered as prescribed.

By 8/31/22, the administrator shall review and update if necessary the home's procedures for the safe storage, access, security, distribution and use of medications, including the procedures for ensuring all prescribed medications are available in the home for administration and the procedures for ordering prescribed medications. All staff persons qualified to administer medications will be reeducated on the home's policy and procedures. Documentation of education shall be kept.

Completion Date: 08/31/2022 Licensee's proposed date of implementation

Not Implemented- 1/4/23

187d - Follow Prescriber's Orders

1. Requirements

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

Description of Violation

Resident #1 is prescribed Donepezil 23 mg at 08:00 PM. On 06/07 and 06/18, this medication was not administered because the med was not available (waiting for pharmacy delivery). The resident is prescribed Hydroxyzine Pamoate 25 mg at bedtime. This medication was not administered on 06/08, 09, 10, 11, 12, 13, 14, 15, 16, 17 because the medication was not available in the home.

Repeat Violation Date: 4/26/22.

Correction

Directed

Directed Plan of Correction 8/11/22

Immediately, the administrator or designated staff person qualified to administer medications shall monitor medication administration at least twice a week and monitor all resident MAR s at least weekly to ensure all resident medications are administered as prescribed.

By 8/31/22, all staff persons qualified to administer medications shall be re educated, by a Department approved medication administration Train the Trainer, on the proper procedures for medication administration including documentation of medication administration at the time of administration in accordance with regulation 2600.187(b). Documentation of education shall be kept.

By 8/31/22, the administrator shall review and update if necessary the home s procedures for the safe storage, access, security, distribution and use of medications, including the procedures for ensuring all prescribed medications are available in the home for administration and the procedures for ordering prescribed medications. All staff persons qualified to administer medications will be reeducated on the home s policy and procedures. Documentation of education shall be kept.

187d - Follow Prescriber's Orders (continued)

Completion Date: 08/31/2022 Licensee's proposed date of implementation

Not Implemented- 1/4/23

234b - Support Plan Needs Elements

1. Requirements

2600.

234.b. The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

Description of Violation

Resident #2's bed is equipped with an enabler. However, the resident's assessment and support plan (RASP) dated [REDACTED] does not address the resident's need for an enabler and the resident's ability to safely use the device.

Correction

Directed

Directed Plan of Correction 8/11/22 [REDACTED]

Immediately, Resident #2's support plan shall be updated with the current needs of the resident to include any assistive equipment utilized.

By 8/31/22, all staff persons involved with the completion of support plans shall be educated on the proper completion and accuracy of the support plans including the documentation of the care and services the home will provide to each resident. This education will also include the requirement that each resident shall have a support plan completed within 72 hours of admission to the SDCU. Documentation of education will be kept.

By 8/31/22, the administrator or designated staff person will audit all resident support plans to ensure that resident plans have been updated with any changes in accordance with 2600.234(b). Documentation of audits shall be kept.

Completion Date: 08/31/2022 Licensee's proposed date of implementation

Implemented 1/4/23

234d - Support Plan Revision

1. Requirements

2600.

234.d. The support plan shall be revised at least annually and as the resident's condition changes.

Description of Violation

Resident #1 was noted to [REDACTED] in public places on [REDACTED] and this behavior has been an ongoing issue. However, the resident's RASP dated 06/27/2022 does not identify the resident's bowel and bladder continence correctly and indicates that the resident is continent of bowel and bladder.

Correction

Directed

Directed Plan of Correction 8/11/22 [REDACTED]

Immediately, resident #1's support plan shall be updated to reflect the resident's current needs and plan to support the resident.

By 8/31/22, the administrator or designated staff person will audit all resident support plans to ensure that resident plans have been updated with any changes in accordance with 2600.234(d). Documentation of audits shall be kept.

Completion Date: 08/31/2022 Licensee's proposed date of implementation

Not Implemented- 1/4/23