pennsylvania
DEPARTMENT OF HUMAN SERVICES

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

CA Senior Valley Forge Operator, LLC

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

Dear

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

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

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

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

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

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

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

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

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

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

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

Sincerely,

Jamie Buchenauer
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc:

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

Facility Information

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

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

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

Administrator

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

Legal Entity

Name: *CA SENIOR VALLEY FORGE OPERATOR LLC*
Address:
Phone: **Email**:

Certificate(s) of Occupancy

Type: *I-1* **Date**: *12/08/2020* **Issued By**: *Upper Merion Township*
Type: *I-2* **Date**: *12/08/2020* **Issued By**: *Upper Merion Township*
Type: *Other* **Date**: *12/08/2020* **Issued By**: *Upper Merion Township*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *90* **Waking Staff**: *68*

Inspection Information

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

Reason: *Complaint* **Exit Conference Date**: *07/19/2022*

Inspection Dates and Department Representative

07/15/2022 - On-Site

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *128* **Residents Served**: *59*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Virtue 4th Floor* **Capacity**: *28* **Residents Served**: *27*

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *58*
Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*
Have Mobility Need: *31* **Have Physical Disability**: *0*

Inspections / Reviews

07/15/2022 - Full

Lead In pector: 　**Follow Up Type:** *POC Submission* 　**Follow Up Date:** *08/13/2022*

08/15/2022 POC Submi ion

Submitted By: 　**Date Submitted:** *10/20/2022*

Reviewer: 　**Follow Up Type:** *POC Submission* 　**Follow Up Date:** *08/20/2022*

09/14/2022 POC Submi ion

Submitted By: 　**Date Submitted:** *10/20/2022*

Reviewer: 　**Follow Up Type:** *Document Submission* 　**Follow Up Date:** *10/15/2022*

01/05/2023 Document Submi ion

Submitted By: 　**Date Submitted:** *10/20/2022*

Reviewer: 　**Follow Up Type:** *Enforcement*

16c - Written Incident Report

1. Requirements

2600.
16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 6/26/22 Resident #1 fell and was unable to bear weight due to pain in the left foot. The resident was treated at the Emergency Department which diagnosed a sprain to the resident's left foot. The home did not report this incident to the Department.

Resident #1 was prescribed Trazadone 50 mg 1/2 tablet daily. This medication was not administered from 6/18/22 through 7/5/22. Resident #1 was later prescribed Trazadone 50 mg 1 tablet daily beginning 7/12/22. The resident was administered an incorrect dose of Trazadone 50 mg and was administered 1 and 1/2 tablets from 7/12/22 through 7/14/22. The home did not report these medication errors to the Department.

Repeat Violation: 8/24/22

POC Submission ***Accept [redacted] - 09/14/2022)***

A new Executive Director has been hired as of [redacted]. New Executive Director trained all reporting designees on regulation 2600.16c and 2600.15 on 8/22/2022. Executive Director reviewed the reason, forms, and timeline for reporting at time of training. All staff that was trained signed in for training and the record of training will be kept for department review. Any new staff that will be considered "reporting designee" will have training upon hire. Executive Director will review all reportable incidents.

Licensee's Proposed Overall Completion Date: *09/13/2022*

Implemented [redacted] 01/05/2023)

25b - Contract Signatures

2. Requirements

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

Description of Violation

The resident-home contract, dated [redacted], for Resident #2 was not signed by the administrator or administrator's designee.

POC Submission ***Accept***

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

Licensee's Proposed Overall Completion Date: *08/26/2022*

Implemented [redacted] 01/05/2023)

53a - Qualifications

3. Requirements

53a - Qualifications *(continued)*

2600.
53.a. The administrator shall have one of the following qualifications:
1. A license as a registered nurse from the Department of State.
2. An associate's degree or 60 credit hours from an accredited college or university.
3. A license as a licensed practical nurse from the Department of State and 1 year of work experience in a related field.
4. A license as a nursing home administrator from the Department of State.
5. For a home serving 8 or fewer residents, a general education development diploma or high school diploma and 2 years direct care or administrative experience in the human services field.

Description of Violation

On 7/15/22 the home was serving 59 residents. The home did not employ a qualified administrator since 6/29/22.

POC Submission ***Accept [redacted] 09/14/2022)***

Executive Director position was left vacant by the departure of the previous Executive Director. Anthology senior iving provided operational support with non PA certified Executive Director. Once the 20 hour requirement was recognized a qualified Executive Director was put in place in the interim until a full time Executive Director could be ound and hired long term. At no time was the community without senior leadership or support. New full time Executive Director was in place as of 8/9/2022. DHS was notified of [redacted] appointment in writing on 8/9/2022. [redacted] qualifications were reviewed and accepted during monitoring visit 8/15/2022. Anthology Senior Living Regional Director of Operations understands the importance of having a PA certified Executive Director present in the home 20 hours a week moving forward.

Licensee's Proposed Overall Completion Date: *08/09/2022*

Implemented [redacted] - 01/05/2023)

56 - Admin 20 Hours/Week

4. Requirements

2600.
56. Administrator Staffing - The administrator shall be present in the home an average of 20 hours or more per week, in each calendar month.

Description of Violation

The home has not had an administrator employed since 6/29/22. The home did not meet the 20 hour a week requirement for the week of 7/4/22 through 7/10/22.

POC Submission ***Accept [redacted] 09/14/2022)***

Executive Director position was left vacant by the departure of the previous Executive Director. Anthology senior iving provided operational support with non PA certified Executive Director. Once the 20 hour requirement was recognized a qualified Executive Director was put in place in the interim until a full time Executive Director could be found and hired long term. At no time was the community without senior leadership or support. New full time Executive Director was in place as of 8/9/2022. DHS was notified of her appointment in writing on 8/9/2022. [redacted] qualifications were reviewed and accepted during monitoring visit 8/15/2022. Anthology Senior Living Regional Director of Operations understands the importance of having a PA certified Executive Director present in the home 20 hours a week moving forward.

Licensee's Proposed Overall Completion Date: *08/09/2022*

Implemented [redacted] 01/05/2023)

82c - Locking Poisonous Materials

5. 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

Crest Mouthwash, with a manufacture's label indicating "if more than used for rinsing is accidentally swallowed, get medical help or call poison control", was unlocked, unattended, and accessible to residents in Resident #3's bathroom. Not all the residents of the home, including residents in Virtue, have been assessed capable of recognizing and using poisons safely.

Crest Toothpaste, with a manufacture's label indicating "if more than used for brushing is accidentally swallowed, get medical help or call poison control", was unlocked, unattended, and accessible to residents in Resident # 3's bathroom. Not all the residents of the home, including residents in Virtue, have been assessed capable of recognizing and using poisons safely.

POC Submission ***Accept (09/14/2022)***

A walk through was completed by MC care staff on 8/15/2022 and again on 9/7/2022. Any poisonous items were removed and secured at that time. Residents were assessed for safe use by their physician on move in and reassessed during annual assessments or significant change. Audit of all DME's will be done by the Executive Director/designee to ensure physicians orders are followed regarding residents ability to manage poisonous materials. The audit will be completed by 9/13/2022. The Director of Memory Care and/or designee will do a walk through of all resident rooms weekly to ensure compliance starting 9/12/2022 . Direct Care staff will have training by 8/31/2022 that reflect safeguarding poisonous materials. Sign in sheet will be available for department review. Training will be completed by the Director of Health and Wellness or designee. All direct care staff will have training on 82c during orientation and as needed moving forward. This training will be done by the Director of Health and Wellness/designee.

Licensee's Proposed Overall Completion Date: *09/12/2022*

Implemented - 01/05/2023)

85a - Sanitary Conditions

6. Requirements

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

Description of Violation

On 7/19/22 at 11:45 A.M., medication cart 5 had a bottle of "Drug Buster" in the bottom drawer of the cart. Some liquid residue from the container was dried onto the bottle and on the bottom of the cart.

POC Submission ***Accept - 09/14/2022)***

Corrected at time of the monitoring inspection (8/15/2022) by the dayshift nurse. Med techs will be trained on med cart sanitation practices by the E ecutive Director or Regional nurse by 9/13/2022. Training will include but is not imited to: Wiping down cart top and handles, cleaning the bottom of each drawer, and wiping up spills immediately when finding them. Sanitary conditions will be reviewed during the weekly cart audit done by the nightshift nurse or designee. Audits will be done starting the week of 9/5/2022 through 1/1/2023. Audits will be kept in a binder for 4 weeks at a time so the Director of Health and Wellness or designee can review the audits weekly and provide additional training and/or disciplinary action based off audit results.

Licensee's Proposed Overall Completion Date: *08/19/2022*

85a - Sanitary Conditions *(continued)*

Implemented (01/05/2023)

141a 1-10 Medical Evaluation Information

7. 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, completed on , did not include the resident's special health need for the secured dementia care unit. The section of the form was blank. Repeat Violation: 8/24/22

POC Submission ***Accept***

An audit of resident files is being completed to verify appropriate documentation on all medical evaluations. The director of health and wellness will audit new admission paperwork prior to admission to verify appropriate documentation is in place. The executive director and/or designee will audit new admission files monthly to ensure compliance.

Licensee's Proposed Overall Completion Date: *08/26/2022*

Not Implemented - 01/05/2023)

182c - Medication Administration

8. Requirements

2600.
182.c. Medication administration includes the following activities, based on the needs of the resident:

1. Identify the correct resident.
5. Place the medication in a medication cup or other appropriate container, or in the resident's hand.
6. Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in subsection (b)(4).

Description of Violation

On 7/19/22 through interview with Resident #4 it was reported that medication staff leave medication for Resident #5, who is not capable of self administration, on the sink if the resident is not home during the medication pass. Resident #5 reports that, when they return, they then take the medication without staff supervision.

POC Submission ***Accept - 09/14/2022)***

Nine out of ten med techs went back through the full DHS medication administration course on 9/1/2022 by the certified med trainer. Med techs were retrained on 8/25/2022 by the Regional nurse on regulation 182c and then had

182c - Medication Administration (continued)

t again on 9/1/2022 by the certified med trainer. This training included watching all residents take their medications f they have not been designated by their physician to be self medicating. It also included signing out the medication on the MAR after the resident has taken their medications. All med techs were made aware via OnShift messaging by the Executive Director that not following safe practices will result in their removal from the med cart and being placed as a care giver instead of med tech. This message went out on 9/12/2022.

Licensee's Proposed Overall Completion Date: *09/12/2022*

Implemented - 01/05/2023)

183d - Prescription Current

9. Requirements

2600.
183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 7/19/22 Trazadone 50mg for Resident #1 was found in the medication cart. Trazadone 50 mg was discontinued on 7/12/22.

On 7/19/22 Advil 200 mg bottle for Resident #3 was found in the medication cart. Advil 200 mg was discontinued on 6/15/22. On 7/19/22 Vitamin B-12 bottle for Resident #3 was found in the medication cart. Vitamin B-12 was discontinued on 6/23/22.

On 7/19/22 during medication audit for Resident #6 Probiotic was found in the medication cart. This medication was not on the June or July medication administration record for Resident #6.

POC Submission ***Accept - 09/14/2022)***

Medication was removed at time of inspection by the dayshift nurse. Med techs were retrained on 9/1/2022 with regards to 183.d by a certified med trainer. The training included making sure that all discharged residents medications are pulled from the med cart and given to the family or destroyed appropriately. Nightshift audit will be conducted weekly by the nurse and will include looking for any evidence of medications for discharged residents being present. Audit will start the week of 9/5/2022 and continue through 1/1/2023. Audits will be kept in a binder for 4 weeks at a time so the Director of Health and Wellness or designee can review the audits weekly and provide additional training and/or disciplinary action as needed based off of audit results

Licensee's Proposed Overall Completion Date: *09/12/2022*

Not Implemented - 01/05/2023)

183e - Storing Medications

10. Requirements

2600.
183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer’s instructions.

Description of Violation

On 7/19/22 a Novolog Flexpen for Resident #7 was present in the medication cart opened with no open date listed. The manufacturer's instructions state to discard this medication 28 days after opening.

183e - Storing Medications (continued)

On 7/19/22 a Lantus Solostar Flexpen for Resident #7 was present in the medication cart opened with no open date listed. The manufacturer's instructions state to discard this medication 28 days after opening.

On 7/19/22 a Lantus Solostar Flexpen for Resident #8 was present in the medication cart opened with an open date of 6/16/22. The manufacturer's instructions state to discard this medication 28 days after opening.

On 7/19/22 a Lantus Solostar Flexpen for Resident #9 was present in the medication cart opened with no open date listed. The manufacturer's instructions state to discard this medication 28 days after opening.

POC Submission ***Accept (██ 09/14/2022)***

Med techs were retrained on 8/25/2022 by the Regional Nurse and 9/1/2022 by the certified med trainer with regards to 183.e. This training included marking required medications with an open date so that manufacturers nstructions can be followed. Since the pens come with several pend in a box, a copy of the label will be made and put on each pen which will be kept in a baggie in the med cart. Weekly audit conducted by nightshift nurse or designee will start the week of 9/5/2022 and continue through 1/1/2023. Audits will be kept in a binder for 4 weeks at a time so the Director of Health and Wellness or designee can review the audits weekly and provide additional training and/or disciplinary action needed based off of audit results.

Licensee's Proposed Overall Completion Date: *09/12/2022*

Not Implemented ██ - 01/05/2023)

184a - Resident's Meds Labeled

11. Requirements

2600.
184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

1. The resident’s name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

The pharmacy label for Resident #7's Novolog Flexpen was not present.

The Virtue memory cart has a Lantus Solostar Flexpen present in the cart opened with no label on it.

POC Submission ***Accept ██ 09/14/2022)***

Med techs were retrained on 8/25/2022 by Regional Nurse and 9/1/2022 by Certified Med Trainer with regards to 184.a. Training included keeping medications in the original labeled containers. Since the pens come with several pend in a box, a copy of the label will be made and put on each pen which will be kept in a baggie in the med cart. Weekly audit of med cart will be
done by the nurse and include looking for any evidence of prescription medications not being labeled correctly. Audit will start the week of 9/5/2022 and continue through 1/1/2023. Audits will be kept in a binder for 4 weeks at a time so the Director of Health and Wellness or designee can review the audits weekly and provide additional training and/or disciplinary action as needed based off of audit results

Licensee's Proposed Overall Completion Date: *09/12/2022*

184a - Resident's Meds Labeled *(continued)*

Implemented ██ - 01/05/2023)

185a - Implement Storage Procedures

12. Requirements

2600.
185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #6 is prescribed blood glucose readings once daily at 8:00 A.M. On 7/7/22 at 9:20 A.M. there was a blood glucose reading of 106 on the Resident's glucometer. The blood glucose reading was recorded as 110 on the resident's medication administration record (MAR).

Resident #7 is prescribed blood glucose readings 4 times daily at 8:00 A.M., 12:00 P.M., 4:00 P.M., and 8:00 P.M. according to a sliding scale. Resident #7 is also prescribed blood glucose readings twice daily at 8:00 A.M. and 5:00 P.M. On 7/2/22, 3, 6, 7, 9, 10, 11, 12, 14, 16, 16, 17, and 7/18/22 at 12:00 P.M. there was no blood glucose monitoring number recorded for 12:00 P.M. on the Medication Administration Record (MAR). On 7/1/22, 3, 5, 6, 7, 9, 10, and 7/12 through 7/18/22, there was no blood glucose monitoring number recorded for 4:00 P.M. on the MAR.

Resident #10 was prescribed opium tincture 10mg/ml 0.4 ml 4 times daily. On the home's controlled drug record, on 7/9/22 at 5pm the medication was administered twice as two entries exist for the same date/time. The Medication Administration Record indicates the medication was administered once at 5pm and once at 8pm. On 7/10/22 at 9:00 P.M. a 0.4 ml dose is recorded twice. The medication was only administered once, within an hour of 8pm according to the Medication Administration Record (MAR). Resident #10's opium tincture was administered 4 times on 7/15/22. The narcotic controlled log does not include the date for the 9:00 A.M., 12:00 P.M., 5:00 P.M., and 9:00 P.M. doses for this date. The 4.8 ml left in bottle 1 was discarded. The home did not document that this medication was discarded or the date it was discarded on.

Resident #10 is prescribed opium tincture 10mg/ml take 0.4ml by mouth four times daily. The Narcotic Control Log page 1 for the 6/29/22 receipt ends with the date 7/17/22 and the amount remaining illegible. The next entries, on the following page, are as follows: 7/10, 9am, 17.6ml remaining, 7/10, 1pm, 17.2ml remaining, and 7/17, 9pm, 5.6ml remaining, indicating that the 7/10 administrations were not recorded at the time the medication was removed from the medication cart.

Resident #11 is prescribed Lorazepam 0.5mg tablet 1 tablet at bedtime. The Narcotic Control Record is missing entries on the Narcotic Control log for 6/3/22 at 9pm and 6/7/22 at 9pm as these are shown as administered on the Medication Administration Record (MAR). However, the pill count does not reflect that these medications were administered. Additionally, while the pill count consecutively decreases by 1 pill for each entry the dates entered on the log are not in sequential order, indicating that the narcotic control record is not logged at the time the medication is removed from the medication cart.

- *The entry for 6/2/22 at 8pm shows an a pill count remaining as 118. The next entry shows the date of 6/1/22 at 8pm with a remaining pill count of 117.*
- *The entry for 6/18/22 at 9pm shows a remaining pill count of 103. The next entry is for 6/20/22 at 9pm with a pill count of 101, then 6/21/22 with a pill count of 100, and the next line shows 6/19/22 at 9pm with a remaining pill count of 102.*

185a - Implement Storage Procedures (continued)

POC Submission ***Accept [redacted] 09/14/2022)***

Med techs were retrained on 8/25/2022 by Regional Nurse and 9/1/2022 by Certified med trainer with regards to185.a. Training included making sure medications are reordered in a timely fashion, proper use of glucometers, proper signing in and out of narcotics with proper documentation and narc count. Weekly nightshift audit will be completed by the nurse and include making sure all prescribed medications are available and correct documentation/ counts are occurring. Audit will start the week of 9/5/2022 and continue through 1/1/2023. Audits will be kept in a binder for 4 weeks at a time so the Director of Health and Wellness or designee can review the audits weekly and provide additional training and/or disciplinary action as needed based off of audit results. Nightshift nurse and/or Director of Health and Wellness/Designee will run a missing medication report daily through 1/1/2023 to see if meds are not being given due to being unavailable. If there are missed meds due to this the family/pharmacy will be notified immediately for replacement. Physician will be notified of missed dose utilizing the missed dose form. Family will also be notified and a note in the residents chart will be made by the nurse showing notification were completed. Reportable will be made to DHS in the required period of time. Executive Director will be made aware by the Director of Health and Wellness/designee of ongoing issues as they occur.

Licensee's Proposed Overall Completion Date: *09/12/2022*

Not Implemented [redacted] 01/05/2023)

185b - Medication Procedures

13. Requirements

2600.
185.b. At a minimum, the procedures must include:
2. A process to investigate and account for missing medications and medication errors.

Description of Violation

The home's procedures for the safe use of medications and medical equipment do not include a process to investigate and account for missing medications and medication errors.

POC Submission ***Accept ([redacted] - 09/14/2022)***

Weekly nightshift audit will be completed by the nurse and include making sure all prescribed medications are available and correct documentation/ counts are occurring. Audit will start the week of 9/5/2022 and continue through 1/1/2023. Audits will be kept in a binder for 4 weeks at a time so the Director of Health and Wellness or designee can review the audits weekly and provide additional training and/or disciplinary action as needed based off of audit results. Nightshift nurse and/or Director of Health and Wellness/Designee will run a missing medication report daily through 1/1/2023 to see if meds are not being given due to being unavailable. If there are missed meds due to this the family/pharmacy will be notified immediately for replacement. Physician will be notified of missed dose utilizing the missed dose form. Family will also be notified and a note in the residents chart will be made by the nurse showing notification were completed. Reportable will be made to DHS in the required period of time. This reporting process will occur for any medication error. Executive Director will be made aware by the Director of Health and Wellness/designee of ongoing issues as they occur.

Licensee's Proposed Overall Completion Date: *09/12/2022*

Implemented [redacted] - 01/05/2023)

187a Medication Record

14. Requirements

2600.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:
9. Administration times.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident # 3 is prescribed Aspirin 81 mg, Famotidine 20 mg, Folic Acid, Mitrazapine 15mg . However, Resident # 3's medication administration record does not indicate the diagnoses and purpose for this medication.

Resident # 5 is prescribed Losartan 50 mg. However, Resident # 5's medication administration record does not indicate the diagnoses and purpose for this medication.

Resident # 7 is prescribed Clopidogel 75 mg . However, Resident # 7's medication administration record does not indicate the diagnoses and purpose for this medication.

Resident #10's Medication Administration Record (MAR) does not show administration times for Hydrocodone Acetaminophen Oral Tablet from 6/9/22 through 6/30/22.

Resident #11 is prescribed Lorazepam 0.5mg tablet 1 tablet at bedtime.

- *On 6/2/22 at 8pm, Staff person C indicated on the Narcotic Control Record that the medication was administered. However, the Medication Administration Record shows that Staff person E administered the medication.*
- *On 6/6/22 at 8pm, Staff person B indicated on the Narcotic Control Record that the medication was retrieved and administered. However, the Medication Administration Record shows that Staff person D administered the medication.*
- *On 6/12/22 at 8pm, Staff person C indicated on the Narcotic Control Record that the medication was retrieved and administered. However, the Medication Administration Record shows that Staff person D administered the medication.*
- *On 6/14/22 at 8pm, Staff person B indicated on the Narcotic Control Record that the medication was retrieved and administered. However, the Medication Administration Record shows that Staff person E administered the medication.*

Resident #10 is prescribed opium tincture 10mg/ml 0.4ml by mouth four times daily.

- *On 7/11/22 at 9am and at 12pm, Staff person A indicated on the Narcotic Control Record that the medication was administered. However, the Medication Administration Record shows that Staff person C administered the medication.*
- *On 7/8/22 at 9am and 12pm, and on 7/9/22 at 9am, and 12pm, Staff person F indicated on the Narcotic Control Record that the medication was administered. However, the Medication Administration Record shows that Staff person G administered the medication.*

POC Submission ***Accept - 09/14/2022)***

Med techs were retrained on 8/25/2022 by Regional Nurse and 9/1/2022 by certified med trainer with regards to187.a. Training included proper signing out of the medication including narcotics by the med tech or nurse that gave the medication to the resident. Regional nurse will ensure that all med techs and nurses have their own log on to the EMAR system by 9/12/2022 so proper documentation with med tech/nurses initials are present and that narc signatures match staff person administering. All MAR's will be audited by Regional Nurse by 9/13/2022 for

187a - Medication Record (continued)

diagnosis/purpose. Any missing DX will be sent to the pharmacy for addition to the MAR. Nurse will ensure DX is captured on the MAR when verifying medications. When DX is not present pharmacy will be notified to add DX to MAR. All MARs will be complete with DX by 9/16/2022. Nightshift nurse/designee will audit MAR's weekly for DX/purpose of medication and review initials of staff signing out/giving medications starting the week of 9/5/2022 and continue through 1/1/2023. Audits will be kept in a binder for 4 weeks at a time so the Director of Health and Wellness or designee can review the audits weekly and provide additional training and/or disciplinary action as needed based off of audit results.

Licensee's Proposed Overall Completion Date: *09/12/2022*

Not Implemented (- 01/05/2023)

187b Date/Time of Medication Admin.

15. 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

On 6/20/22 at 8:00 A.M., Resident # 3 was administered Famotidine 20 mg. Staff Person A signed the medication administration record for this prescription 6/18/22 at 8:00 A.M. as administered and recorded that the medication was not administered on 6/19/22 at 8:00 A.M. because the medication was not available.

On 7/3/22 at 9:00 P.M. and 7/6/22 at 9:00 P.M. Resident #11 was administered 0.5 mg of Lorazepam and it was documented on the medication administration record. The home's controlled drug record does not have the administration dates listed.

POC Submission ***Accept 09/14/2022)***

Med techs were retrained on 8/25/2022 by Regional Nurse and 9/1/2022 by Certified med trainer with regards to187.b which included recording medications that have been given correctly and at the time of administration, following prescribers orders for administration and correctly signing out medications which included how to properly sign out narcotics. Nightshift nurse and/or Director of Health and Wellness/ Designee will run a missed medication report daily to ensure all medications are given appropriately. Running this report will continue through 1/1/2023. Executive Director will be made aware by the Director of Health and Wellness of ongoing issues after the third offense of missing medications or improper signing out. After the second offense, the med tech will be removed from the cart by the Director of Health and Wellness/designee pending their final training/review. Further non compliance will result in med tech being removed permanently from the cart by the Director of Health and Wellness/Designee. Physician and family will be made aware of any errors and a timely report will be submitted to DHS. Director of Health and
Wellness or designee will do additional training or disciplinary action for continued non adherence to 187.b.

Licensee's Proposed Overall Completion Date: *09/12/2022*

Not Implemented 01/05/2023)

187c - Refusal of Medication

16. Requirements

2600.

187c - Refusal of Medication *(continued)*

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

Resident #12 is prescribed Lantus Solostar 12 units subcutaneously daily. On 6/10/22, 6/11/22, 6/16/22, 6/17/22, 6/29/22, and 6/30/22 Resident #11 refused the medication and the home did not report this to the prescriber.

Resident #12 is prescribed Rivastigmine Transdermal patch 9.5 mg to apply the patch on alternate sites daily. On 6/10/22, 6/17/22, 6/29/22, and 6/30/22 Resident #11 refused the medication and the home did not report this to the prescriber.

POC Submission ***Accept█ - 09/14/2022)***

Med techs were retrained on 8/25/2022 by Regional Nurse. Training included how to properly report medication refusals. Med Tech were trained to use the resident medication refusal form to make physicians aware the resident is refusing. They will fax this to the MD during the shift the medication was refused. Documentation of the refusal and the notification will be entered into the residents chart by the med tech or nurse that shift. The Director of Health and Wellness or designee will audit the medication reports daily to ensure compliance with the standard. Nightshift nurse/designee will audit MAR's weekly for medication refusals and ensure MD was notified starting the week of 9/5/2022 and continue through 1/1/2023. Audits will be kept in a binder for 4 weeks at a time so the Director of Health and Wellness or designee can review the audits weekly and provide additional training and/or disciplinary action as needed based off of audit results.

Licensee's Proposed Overall Completion Date: *09/12/2022*

Implemented█ - 01/05/2023)

187d Follow Prescriber's Orders

17. Requirements

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

Description of Violation

Resident # 1 is prescribed Levothyroxine 100mcg 1 tablet once daily. However, this medication was not administered to Resident # 1 on 6/18/22 to 7/8/22 because the medication was not available in the home. Resident # 1 was ordered Trazadone 50 mg 1/2 a tablet once daily from 6/18/22 to 7/11/22. Resident # 1 was ordered Trazadone 50 mg 1 tablet once daily 7/12/22 to present. Resident # 1 was not administered Trazadone 6/18/22 to 7/6/22 because it was not present in the home. 7/12/22, 7/13/22, and 7/14/22 Resident # 1 was administered 1 and 1/2 tablets of Trazadone 50 mg daily.

Repeated Violation: 8/24/22, 5/18/22,et al

POC Submission ***Accept█ 09/14/2022)***

Med techs were retrained on 8/25/2022 and 9/1/2022 with regards to 187.d which included following the directions of the prescriber and ensuring all medications are available. Staff was retrained on the 5 rights at that time. Nightshift nurse and/or Director of Health and Wellness/ Designee will run a missing medication report daily through 1/1/2023. Weekly nightshift audit will be completed by the nurse and include making sure all prescribed medications are available and correct documentation/ counts are occurring. Audit will start the week of 9/5/2022 and continue through 1/1/2023. Audits will be kept in a binder for 4 weeks at a time so the Director of Health and

187d - Follow Prescriber's Orders (continued)

Wellness or designee can review the audits weekly and provide additional. Executive Director will be made aware by the Director of Health and Wellness/designee of ongoing issues after the third offense. After the second offense, the med tech will be removed from the cart by the Director of Health and Wellness/designee pending their final training/review. Further non compliance will result in med tech being removed permanently from the cart by the Director of Health and Wellness/Designee. Physician and family will be made aware of any errors and a timely report will be submitted to DHS. Director of Health and Wellness or designee will do additional training or disciplinary action for continued non adherence to 187.d

Licensee's Proposed Overall Completion Date: *09/12/2022*

Not Implemented - 01/05/2023)

18. Requirements

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

Description of Violation

Resident # 6 is prescribed Hydralazine 50 mg 1 tablet by mouth 3 times daily at 8:00 A.M., 1:00 P.M., and 5:00 P.M. Resident # 6 was administered Hydralazine 100 mg 1 tablet by mouth 3 times daily 7/1/22 to 7/18/22 and at 8:00 A.M. on 7/19/22.

Resident #10 is prescribed Hydrocodone-Acetaminophen Oral Tablet 10-325mg take 1 tab orally twice a day. However, on several dates the resident was administered this medication more often than prescribed:

- *On 6/10/22, the Narcotics control record shows that this medication was administered at 9am, 5pm, and 9pm. The Medication Administration Record (MAR) shows only that the medication was administered in the morning (AM) and at bedtime (HS).*
- *On 6/11/22, 6/12, and 6/13/22, the Narcotics control record shows that this medication was administered at 6am, 9am, 5pm, and 9pm. The Medication Administration Record (MAR) shows only that the medication was administered in the morning (AM) and at bedtime (HS).*

POC Submission ***Accept - 09/14/2022)***

Med techs were retrained on 8/25/2022 by the Regional Nurse and 9/1/2022 by the certified med trainer with regards to 187.d which included following the directions of the prescriber along with the 5 rights of giving medication. The incorrect dose was given when a discontinued medication was not pulled after the medication had been reduced. Nightshift nurse/designee will audit MAR's weekly for appropriate documentation of narc sign out ersus MAR documentation/order to ensure physician orders are being followed. The weekly audit will start the week of 9/5/2022 and continue through 1/1/2023. Audits will be kept in a binder for 4 weeks at a time so the Director of Health and Wellness or designee can review the audits weekly and provide additional training and/or disciplinary action as needed based off of audit results.

Licensee's Proposed Overall Completion Date: *09/12/2022*

Not Implemented - 01/05/2023)

190a - Completion Medication Course

19. Requirements

190a - Completion Medication Course *(continued)*

2600.
190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff Person A, successfully completed the initial Department specific medication training on 2/15/21. Staff Person A did not complete the annual practicum and passed medications to Resident # 1 on 7/11/22.

Staff Persona B, successfully completed the initial Department specific medication training on 5/14/21. Staff Person B did not complete the annual practicum and passed medications to Resident # 1 on 7/3/22.

POC Submission ***Accept***

Staff members who administer medications have had their files audit to ensure documentation of completed department approved courses. The director of health and wellness and/or designee have also verified the annual practicum is noted. All med tech's files have been audited and will be monitored on an ongoing basis with audits at least bi-annually moving forward.

Licensee's Proposed Overall Completion Date: *08/26/2022*

Implemented ███ 01/05/2023)

224a - Preadmission Screen Form

20. 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 # 2 's preadmission screening form, dated ███ does not include a determination that the resident can self-administer medications. *Repeat Violation:* 8/24/22

POC Submission ***Accept***

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

Licensee's Proposed Overall Completion Date: *08/26/2022*

Implemented ███ - 01/05/2023)

227g -Support Plan Signatures

21. 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 # 2 participated in the development of ███ support plan on ███ However, the resident did not sign

227g -Support Plan Signatures (continued)

the support plan.

POC Submission ***Accept***

Education was provided to the director of health and wellness regarding support plan signatures. An audit of resident files was completed to identify any other support plans missing signatures. The director of health and wellness will obtain documented signatures of individuals who participate in the development of the support plan as they are created. The director of health and wellness will audit resident files monthly and the executive director will complete random audits to ensure compliance.

Licensee's Proposed Overall Completion Date: *08/26/2022*

Not Implemented (█ - 01/05/2023)

231c - Preadmission Screening

22. 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 # 3 was admitted to the Secure Dementia Care Unit (SDCU) on █. However, the Resident 3's written cognitive preadmission screening was completed on 3/4/22. Repeat Violation 8/24/22

POC Submission ***Accept***

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

Licensee's Proposed Overall Completion Date: *08/26/2022*

Implemented (█ - 01/05/2023)

251b - Record Entries Legible

23. Requirements

2600.
251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

Resident 10's Narcotic Control Log for opium tincture reflects the following:

- *The log is notated with initials rather than full names/signatures on the following dates: 6/29/22 through 7/1/22, 7/7 5pm and 9pm, 7/8 5pm and 9pm, 7/9 5pm, 7/10, and 7/11 5pm and 9pm*
- *a write over of the quantity of medication remaining after the 7/9/22 5pm administration*
- *a scratch out of the quantity of medication remaining after the 7/17 5pm administration*

Resident #11's Narcotic Control Log for Lorazepam reflects the following:

- *The log is notated with initials rather than full names/signatures on the following dates: 6/16/22, 20, 21, 6/22 through 7/1 and 7/7 through 7/18/22.*

251b - Record Entries Legible (continued)

- *There is a notation on the log that information was backdated and out of order.*
- *The date for the 6/13/22 8pm administration is written over*
- *a write over of the quantity of medication remaining after the 6/24 9pm administration*

POC Submission ***Accept [redacted] - 09/14/2022)***

Med techs were retrained on 8/25/2022 by Regional Nurse and 9/1/2022 by certified med trainer that included documenting legibly on the narcotic control log that is kept outside of the EMAR system. Nightshift nurse/designee will audit Narcotic count sheet for proper signing out, legibility, and dating correctly. Nightshift audit will start the week of 9/5/2022 and continue through 1/1/2023. Audits will be kept in a binder for 4 weeks at a time so the Director of Health and Wellness or designee can review the audits weekly and provide additional training and/or disciplinary action as needed based off of audit results.

Licensee's Proposed Overall Completion Date: *09/12/2022*

Implemented [redacted] - 01/05/2023)