

Department of Human Services
Bureau of Human Service Licensing

November 17, 2022

[REDACTED]
WG CENTER CITY SH LLC
[REDACTED]

RE: ATRIA CENTER CITY
150 NORTH 20TH STREET
PHILADELPHIA, PA, 19103
LICENSE/COC#: 13657

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/19/2022, 07/20/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *ATRIA CENTER CITY* License #: *13657* License Expiration: *12/02/2022*
Address: *150 NORTH 20TH STREET, PHILADELPHIA, PA 19103*
County: *PHILADELPHIA* Region: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *WG CENTER CITY SH LLC*
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *07/01/1999* Issued By: *City of Phila L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *163* Working Staff: *122*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *07/20/2022*

Inspection Dates and Department Representative

07/19/2022 - On-Site [REDACTED]
07/20/2022 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *165* Residents Served: *120*

Secured Dementia Care Unit

In Home: *Yes* Area: *Life Guidance* Capacity: *25* Residents Served: *19*

Hospice

Current Residents: *7*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *120*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *43* Have Physical Disability: *4*

Inspections / Reviews

07/19/2022 - Full

Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow Up Date: *08/02/2022*

08/10/2022 POC Submission

Submitted By: [REDACTED] Date Submitted: *11/03/2022*
Reviewer: [REDACTED] Follow Up Type: *Document Submission* Follow Up Date: *08/29/2022*

11/17/2022 Document Submission

Submitted By: [REDACTED] Date Submitted: *11/03/2022*
Reviewer: [REDACTED] Follow Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

2600.

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

Description of Violation

On [redacted]/22 At an undocumented time Resident #1 was transported to the ER [redacted]. This incident was not reported to the department until [redacted]/22 at [redacted] pm.

On [redacted]/22 At [redacted] pm Resident #2 was transported to the ER [redacted]. This incident was not reported to the department until [redacted]/22 at [redacted] am.

On [redacted]/22 at [redacted] pm Resident #3 was transported to the ER [redacted]. This incident was not reported to the department until [redacted]/22.

On [redacted]/22 at [redacted] pm Resident #4 was transported to the ER [redacted]. This incident was not reported to the department until [redacted]/22 at [redacted] pm.

On [redacted]/22 at [redacted] pm Resident #5 was transported to the ER [redacted]. This incident was not reported to the department until [redacted]/22 at [redacted] pm.

On [redacted]/22 at [redacted] pm Resident #6 was transported to the ER [redacted]. This incident was not reported to the department until [redacted]/22 at [redacted] pm.

POC Submission

Accept

Resident Services Director, Executive Director, Manager on Duty/designee will monitor communication log forms daily for resident incident information to include but not limited to missed medications starting immediately.

Resident Service Director will complete an audit of resident Medication Administration Records for the past 30 days to ensure that missed doses of medication have incident report completed. Any issues found will be corrected immediately.

The Regional Care Director will provide training to the Executive Director and Resident Services Director/designee on the Incident Reporting Policy LE-004 and The Use of the Communication Log Policy AL-012 by 8/15/2022 to ensure timely and accurate incident reporting to state. The Executive Director and Resident Service Director will provide training to Department Directors/Managers on Duty on the Incident reporting policy and use of the communication log policy to ensure their understanding of timely and accurate incident reporting to the state by 8/25/2022.

The Executive Director and Resident Services Director/designee will audit all incident reports to ensure proper state reporting for the next 90 days.

Licensee's Proposed Overall Completion Date: 08/25/2022

Document Submission

Implemented ([redacted] 11/17/2022)

Resident Services Director, Executive Director, Manager on Duty/designee will monitor communication log forms daily for resident incident information to include but not limited to missed medications starting immediately.

Resident Service Director will complete an audit of resident Medication Administration Records for the past 30 days to ensure that missed doses of medication have incident report completed. Any issues found will be corrected immediately.

16c - Written Incident Report (continued)

The Regional Care Director will provide training to the Executive Director and Resident Services Director/designee on the Incident Reporting Policy LE-004 and The Use of the Communication Log Policy AL-012 by 8/15/2022 to ensure timely and accurate incident reporting to state. The Executive Director and Resident Service Director will provide training to Department Directors/Managers on Duty on the Incident reporting policy and use of the communication log policy to ensure their understanding of timely and accurate incident reporting to the state by 8/25/2022. The Executive Director and Resident Services Director/designee will audit all incident reports to ensure proper state reporting for the next 90 days.

Licensee's Proposed Overall Completion Date: 08/29/2022

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]/21, for resident 7 was not signed by the resident.

Repeat Violation Date: 4/5/21

POC Submission

Accept

Violation corrected immediately. Resident refused/unable to sign due to cognitive impairment. Contract updated to indicate refusal.

The Regional Vice President with support of the Business Office Specialists, will provide training to the Executive director and the Community Business Director on Policy No: AR-003 Move-In and Transfer Policy by 08/15/2022. The Community Business Director will audit all resident files for Policy number AR-003 and 55 Pa. Code Chapter 2600.25b compliance and initiate corrective response by 08/15/2022.

The Executive Director will review all new resident contracts for signatures or refusals.

Licensee's Proposed Overall Completion Date: 08/15/2022

Document Submission

Implemented ([REDACTED] - 11/17/2022)

Violation corrected immediately. Resident refused/unable to sign due to cognitive impairment. Contract updated to indicate refusal.

The Regional Vice President with support of the Business Office Specialists, will provide training to the Executive director and the Community Business Director on Policy No: AR-003 Move-In and Transfer Policy by 08/15/2022. The Community Business Director will audit all resident files for Policy number AR-003 and 55 Pa. Code Chapter 2600.25b compliance and initiate corrective response by 08/15/2022.

The Executive Director will review all new resident contracts for signatures or refusals.

Licensee's Proposed Overall Completion Date: 08/29/2022

51 - Criminal Background Check

3. Requirements

51 - Criminal Background Check (continued)

2600.

51. Criminal History Checks - Criminal history checks and hiring policies 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).

Description of Violation

Staff Person A has not lived in Pennsylvania for the two consecutive years prior to their hire date and there was no FBI criminal history background check prior to the staff persons start date.

POC Submission

Accept

BI background check scheduled immediately for staff person A and performed on [redacted]/22. File to be updated immediately once results received.

The Regional Vice President with support of the Business Office Specialist will provide training to the Executive director and the Community Business Director on Policy number HR 006 Background investigation policy by 08/15/2022.

The Executive Director will review all new staff files for compliance with Policy number HR 006 and 55 Pa. Code Chapter 2600.51 compliance for the next 90 days.

Licensee's Proposed Overall Completion Date: 08/31/2022

Document Submission

Implemented ([redacted] - 11/17/2022)

FBI background check scheduled immediately for staff person A and performed on [redacted]/22. File to be updated immediately once results received.

The Regional Vice President with support of the Business Office Specialist will provide training to the Executive director and the Community Business Director on Policy number HR-006 Background investigation policy by 08/15/2022.

The Executive Director will review all new staff files for compliance with Policy number HR-006 and 55 Pa. Code Chapter 2600.51 compliance for the next 90 days.

Licensee's Proposed Overall Completion Date: 08/29/2022

54a Direct Care Staff

4. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

1. Be 18 years of age or older, except as permitted in subsection (b).
2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

Description of Violation

Direct care staff person B, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry on file at the personal care home.

Repeat Violation Date: 4/5/21

POC Submission

Accept

Staff person B removed from schedule immediately, File updated with High school transcript with a graduation date of [redacted] and returned staff to schedule.

54a - Direct Care Staff (continued)

The Regional Vice President with support of the Business Office Specialists, will provide training to the Executive director and the Community Business Director on requirement for high school diploma, GED or active registry on the PA nurse aide registry in file by 08/15/2022.

The Community Business Director will audit all direct care staff files for and 55 Pa. Code Chapter 2600.54a compliance and initiate corrective response by 08/25/2022.

The Executive Director will review all new direct care staff files for compliance with 55 Pa.Code Chapter 2600.54a for the next 90 days.

Licensee's Proposed Overall Completion Date: 08/25/2022

Document Submission

Implemented (████ - 11/17/2022)

Staff person B removed from schedule immediately, File updated with High school transcript with a graduation date of █████ and returned staff to schedule.

The Regional Vice President with support of the Business Office Specialists, will provide training to the Executive director and the Community Business Director on requirement for high school diploma, GED or active registry on the PA nurse aide registry in file by 08/15/2022.

The Community Business Director will audit all direct care staff files for and 55 Pa. Code Chapter 2600.54a compliance and initiate corrective response by 08/25/2022.

The Executive Director will review all new direct care staff files for compliance with 55 Pa.Code Chapter 2600.54a for the next 90 days.

Licensee's Proposed Overall Completion Date: 08/29/2022

65d - Initial Direct Care Training

5. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person B, hired on █████ and staff person C, hired on █████ do not have documentation on file that they have completed and passed the Department-approved direct care training course and passed the competency test.

Repeat Violation Date: 4/5/21

POC Submission

Accept

Staff person B and staff person C removed from schedule immediately, File updated with Department approved Direct Care Certification and returned staff to schedule.

The Regional Vice President with support of the Business Office Specialists, will provide training to the Executive director and the Community Business Director on requirement completion of the Department approved direct care training course with successful passing of the test by 08/15/2022.

The Community Business Director will audit all direct care staff files for compliance with the direct care training

65d - Initial Direct Care Training (continued)

course and passing test and initiate corrective response by 08/25/2022.

The Executive Director will review all new direct care staff files for compliance with training course and passing test for the next 90 days.

Licensee's Proposed Overall Completion Date: 08/25/2022

Document Submission

Implemented (█ - 11/17/2022)

Staff person B and staff person C removed from schedule immediately, File updated with Department approved Direct Care Certification and returned staff to schedule.

The Regional Vice President with support of the Business Office Specialists, will provide training to the Executive director and the Community Business Director on requirement completion of the Department approved direct care training course with successful passing of the test by 08/15/2022.

The Community Business Director will audit all direct care staff files for compliance with the direct care training course and passing test and initiate corrective response by 08/25/2022.

The Executive Director will review all new direct care staff files for compliance with training course and passing test for the next 90 days.

Licensee's Proposed Overall Completion Date: 08/29/2022

85a - Sanitary Conditions

6. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On █/22, upon entering the Life Guidance SDCU, there was a strong fecal odor at the entry doors. Upon investigation, a pile of fecal matter was observed on the top surface of the wooden credenza positioned directly across from the double doors to the unit.

On █/22 Resident #8 had a recorded glucose level on their glucose log of █ - there is no corresponding reading in the residents glucometer. This reading was found on resident #7's glucometer on █, indicating resident #7's glucometer was used for resident #8, which is considered an unsanitary use of the residents glucometer.

POC Submission

Accept

Sanitary condition in Life Guidance SDCU corrected immediately upon discovery.

Resident unable to be identified upon investigation. No past occurrences indicated.

The Regional Care Director will provide training to Executive Director and Resident Services Director on Policy No: DC-092-CA-A Dementia Care Behavior Policy by 08/15/2022 to ensure understanding of policy and procedures compliant with state regulation. The Resident Service Director/designee will conduct in-service on this training to all care staff by 8/25/2022.

Resident #8 and Resident #7's charts updated immediately to reflect proper blood sugar documentation.

Glucometers disposed of and new equipment ordered/received.

The Regional Care Director will provide training to the Executive Director and Resident Services Director on work instruction MED-0003-07 Medication Controls- Access, Storage, and Labeling by 8/15/2022. Regional Care Director will also provide education to Executive Director and Resident Service Director on work instruction AL-0004-34 Monitoring Blood Glucose by 8/15/2022 to ensure understanding of policies and processes. The Resident Service

85a - Sanitary Conditions (continued)

Director/designee will conduct in-service on this training to all nursing staff by 8/25/2022.
 The Resident Services Director/designee will review glucometer readings and documentation weekly to ensure proper use and documentation for the next 90 days.

Licensee's Proposed Overall Completion Date: 08/25/2022

Document Submission

Implemented (SW - 11/17/2022)

Sanitary condition in Life Guidance SDCU corrected immediately upon discovery.
 Resident unable to be identified upon investigation. No past occurrences indicated.
 The Regional Care Director will provide training to Executive Director and Resident Services Director on Policy No: DC-092-CA-A Dementia Care Behavior Policy by 08/15/2022 to ensure understanding of policy and procedures compliant with state regulation. The Resident Service Director/designee will conduct in-service on this training to all care staff by 8/25/2022.
 Resident #8 and Resident #7's charts updated immediately to reflect proper blood sugar documentation.
 Glucometers disposed of and new equipment ordered/received.
 The Regional Care Director will provide training to the Executive Director and Resident Services Director on work instruction MED-0003-07 Medication Controls- Access, Storage, and Labeling by 8/15/2022. Regional Care Director will also provide education to Executive Director and Resident Service Director on work instruction AL-0004-34 Monitoring Blood Glucose by 8/15/2022 to ensure understanding of policies and processes. The Resident Service Director/designee will conduct in-service on this training to all nursing staff by 8/25/2022.
 The Resident Services Director/designee will review glucometer readings and documentation weekly to ensure proper use and documentation for the next 90 days.

Licensee's Proposed Overall Completion Date: 08/29/2022

101j7 - Lighting/Operable Lamp

7. Requirements

- 2600.
- 101.j. Each resident shall have the following in the bedroom:
 - 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident #9 and #10 share a room [REDACTED] Neither resident has access to a source of light that can be turned on/off at bedside.

Repeat Violation Date: 4/5/21

POC Submission

Accept

Maintenance Director immediately corrected violation by placing an operable lamp within reach of both resident #9 and #10.
 Maintenance Director to audit for operable lamps in occupied rooms in compliance with 55 Pa. Code Chapter 2600.101j7 by 08/31/2022 and during Quarterly occupied room inspections and initiate corrective responses as indicated.
 The Executive Director or designee to randomly check for location and operability of lamps in occupied rooms for the next 90 days

101j7 - Lighting/Operable Lamp (continued)

Licensee's Proposed Overall Completion Date: 08/31/2022

Document Submission

Implemented (████) - 11/17/2022

Maintenance Director immediately corrected violation by placing an operable lamp within reach of both resident #9 and #10.

Maintenance Director to audit for operable lamps in occupied rooms in compliance with 55 Pa. Code Chapter 2600.101j7 by 08/31/2022 and during Quarterly occupied room inspections and initiate corrective responses as indicated.

The Executive Director or designee to randomly check for location and operability of lamps in occupied rooms for the next 90 days

Licensee's Proposed Overall Completion Date: 08/29/2022

103g - Storing Food

8. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

On 7/20/22 a plastic container of bread crumbs in the dry food pantry area was opened and unsealed. Additionally there was a large bag of salt that was also opened and unsealed.

Repeat Violation Date: 4/5/21

POC Submission

Accept

Director of Culinary Services immediately removed or sealed all food on site.

The Regional Culinary Director will provide training to the Executive Director and Director of Culinary Services on work instruction (WI) FS-0069 Food Storage: Covering, Dating and Labeling Foods by 08/15/2022. Director of Culinary Services/designee will conduct in-service on this training to all Culinary staff by 8/25/2022.

The Executive Director or designee will randomly check the food storage areas in the kitchen to ensure all food is sealed is closed and sealed for the next 90 days.

Licensee's Proposed Overall Completion Date: 08/25/2022

Document Submission

Implemented (████) 11/17/2022

Director of Culinary Services immediately removed or sealed all food on site.

The Regional Culinary Director will provide training to the Executive Director and Director of Culinary Services on work instruction (WI) FS-0069 Food Storage: Covering, Dating and Labeling Foods by 08/15/2022. Director of Culinary Services/designee will conduct in-service on this training to all Culinary staff by 8/25/2022.

The Executive Director or designee will randomly check the food storage areas in the kitchen to ensure all food is sealed is closed and sealed for the next 90 days.

Licensee's Proposed Overall Completion Date: 08/29/2022

107d - Procedure Emergency Management Agency Submission

9. Requirements

107d - Procedure Emergency Management Agency Submission (continued)

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home s written emergency procedures have not been submitted to the local Emergency Management Agency since 4/13/2021.

Repeat Violation Date: 4/5/21

POC Submission

Accept

The Executive Director submitted emergency procedures to the Emergency Management Agency on 08/01/2022. The Regional Vice President will provide training to the Executive Director and Community Business Director on the requirement to update the emergency plan annually by 08/15/2022. The Maintenance Director has added an annual requirement to check for the submission of the Emergency procedures to the EMA in the Preventative Maintenance Checklist for April 1st of each year.

Licensee's Proposed Overall Completion Date: 08/15/2022

Document Submission

Implemented (██████) 11/17/2022)

The Executive Director submitted emergency procedures to the Emergency Management Agency on 08/01/2022. The Regional Vice President will provide training to the Executive Director and Community Business Director on the requirement to update the emergency plan annually by 08/15/2022. The Maintenance Director has added an annual requirement to check for the submission of the Emergency procedures to the EMA in the Preventative Maintenance Checklist for April 1st of each year.

Licensee's Proposed Overall Completion Date: 08/29/2022

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 ██████/22 two loose pills , were observed in the nursing/diabetic treatment cart in the wellness office.

POC Submission

Accept

Resident Service Director will destroy loose medications per regulation and Atria guidelines immediately. Resident Service Director will check all carts for any loose medication by 7/31/2022. Any issues found will be corrected immediately. The Regional Care Director will provide training to the Executive Director and Resident Services Director on work instruction MED-0003-07 Medication Controls- Access, Storage, and Labeling by 8/15/2022. The Resident Service Director/designee will conduct in-service on this training to all medication staff by 8/25/2022. The Resident Services Director/designee will audit medication carts weekly for any improperly stored medication to ensure proper storage for the next 90 days.

Licensee's Proposed Overall Completion Date: 08/25/2022

183e - Storing Medications (continued)

Document Submission

Implemented (SW 11/17/2022)

Resident Service Director will destroy loose medications per regulation and Atria guidelines immediately. Resident Service Director will check all carts for any loose medication by 7/31/2022. Any issues found will be corrected immediately.

The Regional Care Director will provide training to the Executive Director and Resident Services Director on work instruction MED-0003-07 Medication Controls- Access, Storage, and Labeling by 8/15/2022. The Resident Service Director/designee will conduct in-service on this training to all medication staff by 8/25/2022.

The Resident Services Director/designee will audit medication carts weekly for any improperly stored medication to ensure proper storage for the next 90 days.

Licensee's Proposed Overall Completion Date: 08/29/2022

185a - Implement Storage Procedures

11. 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 #7's Glucometer is not calibrated to the correct time. The meter date and time are 7/20 4:40 and the actual time is 12:17pm.

On [redacted], resident #7's glucometer has a reading of [redacted] the recorded level on the log is [redacted] at [redacted].

On [redacted], resident #7's glucometer has a reading of [redacted] the recorded level on the log is [redacted] at [redacted].

On [redacted], resident #7's glucometer has a reading of [redacted] the recorded level on the log is [redacted] at [redacted].

On [redacted], resident #7's glucometer has a reading of [redacted] at [redacted], the recorded level on the log is [redacted] at [redacted].

Resident #8's Glucometer is not calibrated to the correct time; meter date and time are [redacted] 9:03 and the actual time is 12:12pm.

On [redacted]/22 the recorded glucose level on the resident #8's log is [redacted] there is no corresponding reading in the residents glucometer.

On [redacted]/22 the recorded glucose level on the resident #8's log is [redacted] - there is no corresponding reading in the residents glucometer.

On [redacted]/22 the recorded glucose level on the resident #8's log is [redacted] - there is no corresponding reading in the residents glucometer.

On [redacted]/22 the recorded glucose level on the resident #8's log is [redacted] - there is no corresponding reading in the residents glucometer.

On [redacted]/22 the recorded glucose level on the resident #8's log is [redacted] there is no corresponding reading in the residents glucometer

POC Submission

Accept

Resident Service Director will correct inaccurate glucometer readings completed on 7/1/22 and 7/7/22 for resident #7 and resident #8 and ensure correct calibration of glucometers immediately. Resident Service Director will audit glucometer readings by 8/7/2022. Any issues found will be corrected immediately.

The Regional Care Director will provide training to the Executive Director and Resident Services Director on work

185a - Implement Storage Procedures (continued)

instruction MED-0003-07 Medication Controls- Access, Storage, and Labeling by 8/15/2022. Regional Care Director will also provide education to Executive Director and Resident Service Director on work instruction AL-0004-34 Monitoring Blood Glucose by 8/15/2022 to ensure understanding of policies and processes. The Resident Service Director/designee will conduct in-service on this training to all medication staff by 8/25/2022. The Resident Services Director/designee will review glucometer readings and documentation weekly to ensure proper use and documentation for the next 90 days.

Licensee's Proposed Overall Completion Date: 08/15/2022

Document Submission

Implemented (SW - 11/17/2022)

Resident Service Director will correct inaccurate glucometer readings completed on [redacted]/22 and [redacted]/22 for resident #7 and resident #8 and ensure correct calibration of glucometers immediately. Resident Service Director will audit glucometer readings by 8/7/2022. Any issues found will be corrected immediately.

The Regional Care Director will provide training to the Executive Director and Resident Services Director on work instruction MED-0003-07 Medication Controls- Access, Storage, and Labeling by 8/15/2022. Regional Care Director will also provide education to Executive Director and Resident Service Director on work instruction AL-0004-34 Monitoring Blood Glucose by 8/15/2022 to ensure understanding of policies and processes. The Resident Service Director/designee will conduct in-service on this training to all medication staff by 8/25/2022.

The Resident Services Director/designee will review glucometer readings and documentation weekly to ensure proper use and documentation for the next 90 days.

Licensee's Proposed Overall Completion Date: 08/29/2022

231c - Preadmission Screening

12. 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 #9 was admitted to the Secure Dementia Care Unit (SDCU) on [redacted]/22. However, the resident's written cognitive preadmission screening was completed on [redacted]/22.

POC Submission

Accept

Regional Care Director will provide education to the Executive Director and Resident Services Director to ensure compliance with regulation 2600 231.c to make sure Preadmission Screening is completed within the required timeframe according to regulation and Atria guidelines. Regional Care Director will provide additional training to Executive Director and Resident Service Director on move in process to ensure understanding of requirements for obtaining Preadmission Screening 72 hours prior to move in for all residents requiring secured dementia care unit by 8/15/2022.

Executive Director will review weekly with the Resident Services Director the preadmission screening for all new admissions for next 90 days beginning 8/1/2022 to ensure compliance with regulation 2600 231.c. Resident Services Director will be responsible to ensure continued compliance with regulation.

Licensee's Proposed Overall Completion Date: 08/25/2022

231c - Preadmission Screening (continued)**Document Submission****Implemented (SW - 11/17/2022)**

Regional Care Director will provide education to the Executive Director and Resident Services Director to ensure compliance with regulation 2600 231.c to make sure Preadmission Screening is completed within the required timeframe according to regulation and Atria guidelines. Regional Care Director will provide additional training to Executive Director and Resident Service Director on move in process to ensure understanding of requirements for obtaining Preadmission Screening 72 hours prior to move in for all residents requiring secured dementia care unit by 8/15/2022.

Executive Director will review weekly with the Resident Services Director the preadmission screening for all new admissions for next 90 days beginning 8/1/2022 to ensure compliance with regulation 2600 231.c. Resident Services Director will be responsible to ensure continued compliance with regulation.

Licensee's Proposed Overall Completion Date: 08/29/2022