

Department of Human Services
Bureau of Human Service Licensing

August 24, 2022

[REDACTED], EXECUTIVE DIRECTOR

RE: KEYSTONE VILLA AT EPHRATA
100 NORTH STATE STREET
EPHRATA, PA, 17522
LICENSE/COC#: 33466

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.

Sincerely,
[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *KEYSTONE VILLA AT EPHRATA* License #: *33466* License Expiration: *04/08/2023*
Address: *100 NORTH STATE STREET, EPHRATA, PA 17522*
County: *LANCASTER* Region: *CENTRAL*

Administrator

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

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *09/02/2014* Issued By: *Borough of Ephrata*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *112* Waking Staff: *84*

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: *100* Residents Served: *84*

Secured Dementia Care Unit

In Home: *Yes* Area: *Evergreen* Capacity: *34* Residents Served: *25*

Hospice

Current Residents: *8*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *84*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *28* Have Physical Disability: *2*

Inspections / Reviews

07/19/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/05/2022*

Inspections / Reviews (*continued*)

08/05/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *08/12/2022*

08/12/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *09/07/2022*

08/24/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

101j7 - Lighting/Operable Lamp

1. 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

Residents #1, #2 and #3 do not have a source of light within reach that can be turned on/off at bedside.

Plan of Correction**Accept***What:*

Resident #1, Resident #2 and Resident #3 did not have a source of light within reach that could be turned on/off at bedside.

Who:

Maintenance Director installed touch lamps on 7/27/22 in Resident #1, Resident #2 and Resident#3's apartment located on the wall directly behind the head of the bed so Resident #1, Resident #2 and Resident #3 has a source of light within reach that can be turned on/off at bedside.

How:

Executive Director will re-educate Resident Care Coordinator, Memory Care Director all direct care staff at a training on 8/24/22 that a resident shall have an operable lamp or other source of lighting that can be turned on at bedside. Resident Care Coordinator, Memory Care Director and all direct care staff when performing daily safety checks will assure that there is an operable lamp or other source of lighting that can be turned on at bedside.

Ongoing:

Maintenance Director and Assistant Maintenance Director will check all rooms monthly beginning in August 2022 to make sure all rooms in Personal Care and Memory Care neighborhood have a source of light within reach that could be turned on/off at bedside.

In addition, Executive Director will review at the next Quality Assurance meeting on October 19, 2022 to ensure that we are in full compliance under Property Management, Resident Rooms section, Line item #13. (See Attachment #1)

Completion Date: 08/12/2022**Document Submission****Implemented***Steps are in Process**What:*

Resident #1, Resident #2 and Resident #3 did not have a source of light within reach that could be turned on/off at bedside.

Who:

Maintenance Director installed touch lamps on 7/27/22 in Resident #1, Resident #2 and Resident#3's apartment located on the wall directly behind the head of the bed so Resident #1, Resident #2 and Resident #3 has a source of light within reach that can be turned on/off at bedside.

How:

101j7 - Lighting/Operable Lamp (continued)

Executive Director will re-educate Resident Care Coordinator, Memory Care Director all direct care staff at a training on 8/24/22 that a resident shall have an operable lamp or other source of lighting that can be turned on at bedside. Resident Care Coordinator, Memory Care Director and all direct care staff when performing daily safety checks will assure that there is an operable lamp or other source of lighting that can be turned on at bedside.

Ongoing:

Maintenance Director and Assistant Maintenance Director will check all rooms monthly beginning in August 2022 to make sure all rooms in Personal Care and Memory Care neighborhood have a source of light within reach that could be turned on/off at bedside.

In addition, Executive Director will review at the next Quality Assurance meeting on October 19, 2022 to ensure that we are in full compliance under Property Management, Resident Rooms section, Line item #13. (See Attachment #1)

125a - Combustible Storage**1. Requirements**

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

On 7/20/2022, a cart containing combustible and flammable materials including a paint can, flag, and a drop cloth was stored directly in front of hot water heaters.

Plan of Correction**Accept**

What:

On 7/20/22, a cart containing combustible and flammable materials including a paint can, flag and a drop cloth was stored directly in front of hot water heaters.

Who:

Assistant Maintenance Director on 7/20/22 immediately removed the cart containing combustible and flammable materials from the front of the hot water heaters.

How:

Maintenance Director and Assistant Maintenance Director will assure that at no times will anything combustible and flammable be stored in front of the hot water heaters. Executive Director posted a sign in the Maintenance Shop on 7/21/22 reminding all staff to not place any combustible and flammable materials located near heat sources or hot water heaters.

Ongoing:

Maintenance Director and Assistant Maintenance Director will make sure on a daily basis that nothing is to be stored in front of the hot water heaters. In addition, Executive Director will review at the next quarterly Quality Assurance meeting on October 19, 2022 to ensure we are in full compliance under Property Management, Maintenance and Operation section, Line item #19. (See Attachment #1).

Completion Date: 08/12/2022

Document Submission**Implemented**

All Steps have been completed

125a - Combustible Storage (continued)

What:

On 7/20/22, a cart containing combustible and flammable materials including a paint can, flag and a drop cloth was stored directly in front of hot water heaters.

Who:

Assistant Maintenance Director on 7/20/22 immediately removed the cart containing combustible and flammable materials from the front of the hot water heaters.

How:

Maintenance Director and Assistant Maintenance Director will assure that at no times will anything combustible and flammable be stored in front of the hot water heaters. Executive Director posted a sign in the Maintenance Shop on 7/21/22 reminding all staff to not place any combustible and flammable materials located near heat sources or hot water heaters.

Ongoing:

Maintenance Director and Assistant Maintenance Director will make sure on a daily basis that nothing is to be stored in front of the hot water heaters. In addition, Executive Director will review at the next quarterly Quality Assurance meeting on October 19, 2022 to ensure we are in full compliance under Property Management, Maintenance and Operation section, Line item #19. (See Attachment #1).

183b - Meds and Syringes Locked

1. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On 7/20/2022 at approximately 3:40 PM, various over the counter (OTC) medications were unlocked, unattended and accessible in Resident #6's bedroom. The OTC's observed included:

[Redacted]

Plan of Correction

Accept

What:

On 7/20/22 at approximately 3:40 PM, various over the counter(OTC) medications were unlocked, unattended and accessible in Resident #6's bedroom. OTC's observed included

[Redacted]

Who:

On 7/21/22, Resident Care Coordinator went into Resident #6's apartment and placed all OTC medications in locked drawer in kitchen area of her apartment.

183b - Meds and Syringes Locked (continued)

How:

Resident Care Director, Resident Care Coordinator and all direct care staff were instructed on 7/27/22 that any resident that is assessed to self-medicate in accordance with current assessment and support plans must keep all OTC medications in the apartment in a container that is locked or locked drawer in residents apartment.

Ongoing:

Resident Care Director, Resident Care Coordinator and all direct care staff when performing daily safety checks in apartment will also inspect apartment for any OTC medications that are not locked. If medications are found in resident's room that are unlocked direct care staff will place OTC medications in resident's locked drawer or in the medication cart based on the residents assessment and support plan regarding self-medication administration.

In addition, Executive Director will review at the next quarterly Quality Assurance meeting on October 19, 2022 to ensure we are in full compliance under Pharmacy, Self-Administration Medication Section, Line item #3. (See Attachment #2).

Completion Date: 08/12/2022

Document Submission

Implemented

All Steps have been completed

What:

On 7/20/22 at approximately 3:40 PM, various over the counter(OTC) medications were unlocked, unattended and accessible in Resident #6's bedroom. OTC's observed included [REDACTED], [REDACTED].

Who:

On 7/21/22, Resident Care Coordinator went into Resident #6's apartment and placed all OTC medications in locked drawer in kitchen area of [REDACTED] apartment.

How:

Resident Care Director, Resident Care Coordinator and all direct care staff were instructed on 7/27/22 that any resident that is assessed to self-medicate in accordance with current assessment and support plans must keep all OTC medications in the apartment in a container that is locked or locked drawer in residents apartment.

Ongoing:

Resident Care Director, Resident Care Coordinator and all direct care staff when performing daily safety checks in apartment will also inspect apartment for any OTC medications that are not locked. If medications are found in resident's room that are unlocked direct care staff will place OTC medications in resident's locked drawer or in the medication cart based on the residents assessment and support plan regarding self-medication administration.

In addition, Executive Director will review at the next quarterly Quality Assurance meeting on October 19, 2022 to ensure we are in full compliance under Pharmacy, Self-Administration Medication Section, Line item #3. (See Attachment #2).

183d - Prescription Current

1. 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 7/20/2022 at approximately 11:45 AM, [REDACTED] prescribed for Resident #4, were in the home's medication cart; however, the medications were discontinued on 7/19/2022.

Plan of Correction

Accept

What:

On 7/20/22 at approximately 11:45AM, [REDACTED] prescribed for Resident #4, were in the medication cart; however, the medications were discontinued on 7/19/22.

Who:

On 7/20/22 med-tech immediately removed the discontinued medications from the med cart. On 7/27/22, Resident Care Director performed an initial audit of all medication carts in PC and MC.

How:

Resident Care Coordinator will re-educate all med techs on discontinued medications at a training scheduled for 8/24/22.

Resident Care Director, Resident Care Coordinator and med techs will complete a weekly cart audit beginning the week of 8/1/22 using the Med Cart Audit Checklist Form (See Attachment #4).

Ongoing:

Resident Care Director, Resident Care Coordinator and med-techs will complete a weekly cart audit beginning the week of 8/1/22 . In addition, Executive Director will review at the next quarterly Quality Assurance meeting on 10/19/22 to ensure we are in full compliance under Pharmacy, Pharmacy Audits section, Line item #9. (See Attachment #2).

Completion Date: 08/12/2022

Document Submission

Implemented

Steps are in process

What:

On 7/20/22 at approximately 11:45AM, [REDACTED] prescribed for Resident #4, were in the medication cart; however, the medications were discontinued on 7/19/22.

Who:

On 7/20/22 med-tech immediately removed the discontinued medications from the med cart. On 7/27/22, Resident Care Director performed an initial audit of all medication carts in PC and MC.

How:

Resident Care Coordinator will re-educate all med techs on discontinued medications at a training scheduled for 8/24/22.

Resident Care Director, Resident Care Coordinator and med techs will complete a weekly cart audit beginning the

183d - Prescription Current (continued)

week of 8/1/22 using the Med Cart Audit Checklist Form (See Attachment #4).

Ongoing:

Resident Care Director, Resident Care Coordinator and med-techs will complete a weekly cart audit beginning the week of 8/1/22. In addition, Executive Director will review at the next quarterly Quality Assurance meeting on 10/19/22 to ensure we are in full compliance under Pharmacy, Pharmacy Audits section, Line item #9. (See Attachment #2).

184a - Labeling OTC/CAM**1. 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

On 7/20/2022, at approximately 1:40 PM, Resident #7's [REDACTED] label did not include the initials of the staff member that opened the insulin pen.

On 7/20/2022, at approximately 1:40 PM, Resident #7's [REDACTED] label did not include the initials of the staff member that opened the insulin pen.

On 7/20/2022, at approximately 2:25 PM, Resident #8's [REDACTED] label did not include the date the pen was opened or the staff member's initials that opened the insulin pen.

Plan of Correction**Accept**

What:

On 7/20/22, at approximately 1:40 PM, Resident #7's [REDACTED] pen label did not include the initials of the staff member that opened the pen and NovoLOG Flexpen label did not include the initials of the staff member that opened the insulin pen.

On 7/20/22 at approximately 2:25 PM, Resident #8's [REDACTED] label did not include the date the pen was opened or the staff member's initials that opened the insulin pen.

Who:

On 7/20/22, Memory Care 1st shift med tech immediately removed the pen that did not include the date opened. Resident Care Coordinator called [REDACTED] e Pharmacy and had a new pen delivered the same day. Resident Care Coordinator verified that the new pen was labeled properly.

On 7/27/22, Resident Care Director performed an initial audit of all pens in the PC/MC medication carts.

184a - Labeling OTC/CAM (continued)*How:*

Resident Care Coordinator will re-educate all med-techs at a training on 8/24/22 to assure that labeling of insulin pens must include the day, the month and the year the pen was opened and initials of the staff member that opened the insulin pen.

Ongoing:

Resident Care Director and Resident Care Coordinator and med techs will perform weekly med cart audits beginning the week of 8/1/22 that will include ensuring that all insulin pens are properly labeled with the day, month and year that the pen was opened and the initials of the staff person that opened the pen. If there are pens that are missing information med techs are instructed to pull the pen off of the cart and contact pharmacy and order a new pen (See Attachment #4).

In addition, Executive Director will review at the next quarterly Quality Assurance meeting on 10/19/22 under Pharmacy, Pharmacy Audits section, Line #12, (See Attachment #2).

Completion Date: 08/12/2022

Document Submission**Implemented**

Steps are in process

What:

On 7/20/22, at approximately 1:40 PM, Resident #7's [REDACTED] pen label did not include the initials of the staff member that opened the pen and NovoLOG Flexpen label did not include the initials of the staff member that opened the insulin pen.

On 7/20/22 at approximately 2:25 PM, Resident #8's [REDACTED] Pen label did not include the date the pen was opened or the staff member's initials that opened the insulin pen.

Who:

On 7/20/22, Memory Care 1st shift med tech immediately removed the pen that did not include the date opened. Resident Care Coordinator called Phoebe Pharmacy and had a new pen delivered the same day. Resident Care Coordinator verified that the new pen was labeled properly.

On 7/27/22, Resident Care Director performed an initial audit of all pens in the PC/MC medication carts.

How:

Resident Care Coordinator will re-educate all med-techs at a training on 8/24/22 to assure that labeling of insulin pens must include the day, the month and the year the pen was opened and initials of the staff member that opened the insulin pen.

Ongoing:

Resident Care Director and Resident Care Coordinator and med techs will perform weekly med cart audits beginning the week of 8/1/22 that will include ensuring that all insulin pens are properly labeled with the day, month and year that the pen was opened and the initials of the staff person that opened the pen. If there are pens that are missing information med techs are instructed to pull the pen off of the cart and contact pharmacy and order a new pen (See Attachment #4).

184a - Labeling OTC/CAM (continued)

In addition, Executive Director will review at the next quarterly Quality Assurance meeting on 10/19/22 under Pharmacy, Pharmacy Audits section, Line #12, (See Attachment #2).

187a - Medication Record

1. Requirements

2600.

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

- 11. Special precautions, if applicable.

Description of Violation

Resident #7 is prescribed [redacted] every 8 hours with special instruction to hold the medication if the systolic blood pressure is less than 120. On 7/20/2022 at 5:12 AM, [redacted] was "held per parameters;" however, the parameters were not documented on the resident's Medication Administration Record (MAR).

Plan of Correction

Accept

What:

Resident #7 is prescribed [redacted] every 8 hours with special instruction to hold the medication if the systolic blood pressure is less than 120. On 7/20/22 at 5:12 AM, [redacted] was "held per parameters" however, the parameters were not documented on the resident's Medication Administration Record (MAR).

Who:

Resident Care Director, Resident Care Coordinator and all med techs will be instructed to accurately document the blood pressures on the medication administration record (MAR).

How:

Resident Care Director and Resident Care Coordinator will re-educate all med techs at a training on 7/27/22 to properly document on the medication administration record (MAR) what the parameters are and to list the blood pressures.

Ongoing:

Resident Care Director, and Resident Care Coordinator will review every resident's medication administration records weekly which will begin on 8/1/22 to ensure blood pressures are being documented and recorded properly. If any errors are found, Resident Care Coordinator or Executive Director will re-educate med tech's to accurately document the blood pressures. In addition, Executive Director will review 10% of our resident census monthly medication administration records (MAR) utilizing a 30-day Admission & Discharge Audit Form. (See Attachment #3) beginning the week of 9/1/22.

Completion Date: 08/12/2022

187a - Medication Record (continued)

Document Submission**Implemented**

All steps have been completed.

What:

Resident #7 is prescribed [REDACTED] every 8 hours with special instruction to hold the medication if the systolic blood pressure is less than 120. On 7/20/22 at 5:12 AM, [REDACTED] was "held per parameters" however, the parameters were not documented on the resident's Medication Administration Record (MAR).

Who:

Resident Care Director, Resident Care Coordinator and all med techs will be instructed to accurately document the blood pressures on the medication administration record (MAR).

How:

Resident Care Director and Resident Care Coordinator will re-educate all med techs at a training on 7/27/22 to properly document on the medication administration record (MAR) what the parameters are and to list the blood pressures.

Ongoing:

Resident Care Director, and Resident Care Coordinator will review every resident's medication administration records weekly which will begin on 8/1/22 to ensure blood pressures are being documented and recorded properly. If any errors are found, Resident Care Coordinator or Executive Director will re-educate med tech's to accurately document the blood pressures. In addition, Executive Director will review 10% of our resident census monthly medication administration records (MAR) utilizing a 30-day Admission & Discharge Audit Form. (See Attachment #3) beginning the week of 9/1/22.

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

Resident #7 is prescribed [REDACTED] bedtime for blood pressure with special instruction to hold if systolic blood pressure is less than 100. The medication was administered from 7/1/2022 through 7/19/2022; however, there is no documentation that the resident's blood pressure was checked at the time the medication was administered.

Plan of Correction**Accept***What:*

Resident #7 is prescribed [REDACTED] at bedtime for blood pressure with special instruction to hold if

187d - Follow Prescriber's Orders (continued)

systolic blood pressure is less than 100. The medication was administered from 7/1/22 through 7/19/22; however, there is no documentation that the resident's blood pressure was checked at the time the medication was administered.

Who:

Resident Care Director, Resident Care Coordinator and all med techs will be instructed to accurately document the blood pressures on the medication administration record (MAR) at the time medication is being administered according to the physicians orders.

How:

Resident Care Director and Resident Care Coordinator will re-educate the med techs at a training on 7/27/22 on the importance of documenting the blood pressure's at the time the medication is being distributed according to physicians orders. On 7/21/22, Resident Care Coordinator revised the MAR to include space so staff can enter blood pressures.

Ongoing:

Resident Care Director, Resident Care Coordinator will review all resident's medication administration records weekly beginning on 8/1/22 to ensure blood pressures are being documented and recorded properly. In addition, Executive Director will review 10% of our resident census monthly medication administration records (MAR) utilizing a 30-day Admission & Discharge Audit Form (See Attachment #3) beginning 9/1/22 .

Completion Date: 08/12/2022

Document Submission**Implemented**

All steps have been completed

What:

Resident #7 is prescribed [REDACTED] at bedtime for blood pressure with special instruction to hold if systolic blood pressure is less than 100. The medication was administered from 7/1/22 through 7/19/22; however, there is no documentation that the resident's blood pressure was checked at the time the medication was administered.

Who:

Resident Care Director, Resident Care Coordinator and all med techs will be instructed to accurately document the blood pressures on the medication administration record (MAR) at the time medication is being administered according to the physicians orders.

How:

Resident Care Director and Resident Care Coordinator will re-educate the med techs at a training on 7/27/22 on the importance of documenting the blood pressure's at the time the medication is being distributed according to physicians orders. On 7/21/22, Resident Care Coordinator revised the MAR to include space so staff can enter blood pressures.

Ongoing:

Resident Care Director, Resident Care Coordinator will review all resident's medication administration records weekly beginning on 8/1/22 to ensure blood pressures are being documented and recorded properly. In addition, Executive Director will review 10% of our resident census monthly medication administration records (MAR) utilizing a

187d - Follow Prescriber's Orders (continued)

30-day Admission & Discharge Audit Form (See Attachment #3) beginning 9/1/22 .

224a - Preadmission Screen Form

1. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #4 was admitted to the home on [REDACTED] however, the resident's preadmission screening form does not include a date of completion.

Plan of Correction

Accept

What:

Resident #4 was admitted to the home on [REDACTED]; however, the resident's preadmission screening form does not include a date of completion.

Who:

Resident Care Director, Resident Care Coordinator or Executive Director will assure that the preadmission screening form includes a date of completion.

How:

Resident Care Director, Resident Care Coordinator or Executive Director will review residents chart after completed to make sure the prescreen form is dated.

Ongoing:

Resident Care Director and Resident Care Coordinator will review a sample of records every month and report on patterns and trends at the next quarterly QA meeting scheduled for 10/19/22. In addition, for quality assurance, Executive Director will review all prescreen forms upon completion for accuracy each month utilizing a 30-day Admission & Discharge Audit Form. (See Attachment#3)

Completion Date: 08/12/2022

Document Submission

Implemented

All steps have been completed

What:

Resident #4 was admitted to the home on [REDACTED]; however, the resident's preadmission screening form does not include a date of completion.

Who:

Resident Care Director, Resident Care Coordinator or Executive Director will assure that the preadmission screening form includes a date of completion.

How:

Resident Care Director, Resident Care Coordinator or Executive Director will review residents chart after completed to make sure the prescreen form is dated.

224a - Preadmission Screen Form (continued)

Ongoing:

Resident Care Director and Resident Care Coordinator will review a sample of records every month and report on patterns and trends at the next quarterly QA meeting scheduled for 10/19/22. In addition, for quality assurance, Executive Director will review all prescreen forms upon completion for accuracy each month utilizing a 30-day Admission & Discharge Audit Form. (See Attachment#3)

227g -Support Plan Signatures

1. Requirements

2600.

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

Description of Violation

Resident #1 and the resident's Power of Attorney participated in the development of the support plan on [REDACTED]. However, the Power of Attorney's signature does not include a date signed.

Resident #5 and the resident's Power of Attorney participated in the development of the support plan on [REDACTED]. However, the resident's and Power of Attorney's signatures do not include a date signed.

Plan of Correction

Accept

What:

Resident #1 and the Resident's Power of Attorney participated in the development of the support plan on [REDACTED]. However, the Power of Attorney's signature does not include a date signed.

Resident #5 and the resident's Power of Attorney participated in the development of the support plan on [REDACTED]. However, the resident's and Power of Attorney's signatures do not include a date signed.

Who:

Resident Care Director, Resident Care Coordinator, Memory Support Director or Executive Director will ensure the resident's signature is also dated or a notation is made that the resident is unable or chooses not to sign that the Power of Attorney's signature includes a date signed.

How:

Executive Director will re-educate Resident Care Coordinator and Memory Care Director on 8/8/22 on the requirements for participation, signature and dates for Support Plans. (See Attachment #5)

Ongoing:

Resident Care Director and Resident Care Coordinator will review a sample of records every month and report on patterns and trends at the next quarterly QA meeting scheduled for 10/19/22. In addition, for quality assurance, Executive Director will review all support plans upon completion for accuracy each month utilizing a 30-day Admission & Discharge Audit Form. (See Attachment#3)

Completion Date: 08/12/2022

227g -Support Plan Signatures (continued)

Document Submission**Implemented***All steps have been completed**What:**Resident #1 and the Resident's Power of Attorney participated in the development of the support plan on [REDACTED]. However, the Power of Attorney's signature does not include a date signed.**Resident #5 and the resident's Power of Attorney participated in the development of the support plan on [REDACTED]. However, the resident's and Power of Attorney's signatures do not include a date signed.**Who:**Resident Care Director, Resident Care Coordinator, Memory Support Director or Executive Director will ensure the resident's signature is also dated or a notation is made that the resident is unable or chooses not to sign that the Power of Attorney's signature includes a date signed.**How:**Executive Director will re-educate Resident Care Coordinator and Memory Care Director on 8/8/22 on the requirements for participation, signature and dates for Support Plans. (See Attachment #5)**Ongoing:**Resident Care Director and Resident Care Coordinator will review a sample of records every month and report on patterns and trends at the next quarterly QA meeting scheduled for 10/19/22. In addition, for quality assurance, Executive Director will review all support plans upon completion for accuracy each month utilizing a 30-day Admission & Discharge Audit Form. (See Attachment#3)*