



CERTIFIED MAIL – RETURN RECEIPT REQUESTED  
MAILING DATE: **JANUARY 11, 2023**

[REDACTED]  
The Presbyterian Homes in the Presby of Lake Erie  
6351 West Lake Road  
Erie, Pennsylvania 16505

RE: Manchester Commons of Presbyterian  
Senior Care  
License/COC #: 450561


Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on July 19, 2022, July 20, 2022, July 22, 2022 and October 14, 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 REFUSES TO RENEW your certificate of compliance (license number 450561) dated September 11, 2021, to September 11, 2022, and issues you a SECOND PROVISIONAL license to operate the above facility. A SECOND PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026 (b)(1) ;(4) and 55 Pa. Code § 20.71(a)(2) ;(4) ;(6) (relating to conditions for denial, nonrenewal or revocation). Your SECOND PROVISIONAL license is enclosed and is valid from January 11th, 2023 to July 11th, 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.

If you disagree with the decision to issue a SECOND 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 SECOND 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.

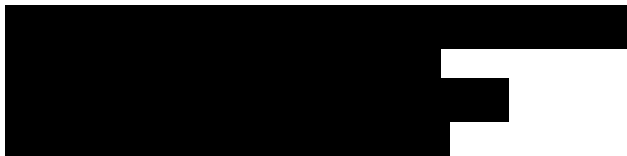
Sincerely,

*Jamie F. Buchenauer*

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: *MANCHESTER COMMONS OF PRESBYTERIAN SENIOR CARE* License #: *45056* License Expiration: *10/13/2022*

Address: *6351 WEST LAKE ROAD, ERIE, PA 16505*

County: *ERIE*

Region: *WESTERN*

**Administrator**

Name: [REDACTED]

Phone: *8148389191*

Email: [REDACTED]

**Legal Entity**

Name: *THE PRESBYTERIAN HOMES IN THE PRESBY OF LAKE ERIE*

Address: *6351 WEST LAKE ROAD, ERIE, PA, 16505*

Phone: *8148389191*

Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP*

Date: *09/08/2015*

Issued By: *Fairview Township*

**Staffing Hours**

Resident Support Staff: *0*

Total Daily Staff: *89*

Waking Staff: *67*

**Inspection Information**

Type: *Full*

Notice: *Unannounced*

BHA Docket #:

Reason: *Provisional, Incident*

Exit Conference Date: *07/22/2022*

**Inspection Dates and Department Representative**

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

07/20/2022 - Off-Site: [REDACTED]

07/22/2022 - Off-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *80*

Residents Served: *66*

**Secured Dementia Care Unit**

In Home: *Yes*

Area: *Woodside Place*

Capacity: *24*

Residents Served: *19*

**Hospice**

Current Residents: *0*

**Number of Residents Who:**

Receive Supplemental Security Income: *7*

Are 60 Years of Age or Older: *66*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *1*

Have Mobility Need: *23*

Have Physical Disability: *1*

## Inspections / Reviews

07/19/2022 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *08/21/2022*

08/26/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *09/02/2022*

09/15/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *09/22/2022*

09/26/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *10/03/2022*

10/25/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Exception*

Follow-Up Date:

## 42b - Abuse

## 1. Requirements

2600.

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

**Description of Violation**

*Resident #1 is prescribed Lacosamide 200mg tablet - Take 1 tablet by mouth twice daily. Resident #1's June 2022 medication administration record (MAR) and controlled medication log indicate staff person A administered this medication to resident #1 on 6/2/22 at 8:22 AM.*

*On 6/2/22 staff person B, a licensed [REDACTED] was training staff person A, a [REDACTED], on the medication cart. After conducting a controlled medication count of resident #1's Lacosamide 200mg tablets, it was discovered that there was 1 additional tablet on the medication cart. Staff person B thought resident #1 did not receive her AM dose, and at approximately 2:45 PM, she prepared resident #1's dose of Lacosamide 200mg for administration and gave it to staff person A to administer. However, staff person A walked to resident #2's room and administered resident #1's Lacosamide 200mg tablet to resident #2. Upon returning to the medication cart, staff person A realized [REDACTED] gave resident #1's Lacosamide 200mg tablet to resident #2 and reported the error to staff person B. Resident #2 was assessed by staff person C and appeared to have troubling swallowing and was coughing excessively. Resident #2's physician and family were notified. A certified registered nurse practitioner (CRNP) was in the home and assessed resident #2's condition. Both the physician and CRNP instructed the home to monitor resident #2's vitals and contact the physician if there was a change of condition.*

*On 6/2/22 during the 2:30 PM – 10:30 PM shift, resident #2 experienced multiple episodes of vomiting, which continued into the overnight shift. At approximately midnight, resident #2 reported to staff person D that she felt ill and requested cold water. The resident was experiencing diarrhea and required 2 staff to assist her to the bathroom, when normally she requires no assistance. Staff person D was concerned about resident #2's condition and initiated 15-minute safety checks; however, failed to contact the resident's physician. At 1:55 AM staff person D found resident #2 unresponsive in her bed. Resident #2 [REDACTED] on resident #2's [REDACTED]. The immediate cause of death on resident #2's [REDACTED] certificate was [REDACTED] to Lacosamide, and Therapeutic Misadventure.*

**Plan of Correction****Accept**

*On 6/2/2022 The Resident Service Coordinator (RSC) immediately phoned and notified physician on duty of medication error. This practice followed both residents and provider care orders. Additionally, on 6/4/2022, administrator and RSC also called an urgent team meeting reviewing company policy and procedures, safe administration and 5 rights of medication. Observation of competency began 6.16.22 to 6.30.2022 on every certified staff member administering medication. In addition to, beginning July 5th, the narcotic binders were fashioned to include policies and procedures so staff can have immediate access to information to ensure continued compliance and fluency in both rights of administration and company policy and procedures (which mirror 2600.42b) by 9/16/2022, Adm or designated staff member will provide education on rights of administration and safe administration, along with observation of competency. Beginning 9/1/2022, all staff administering medications will be observed once a month for 3 months consecutively until deficiency free. At this point, observations will decrease to biannually.*

*On 6/3/2022, staff members A & B were both interviewed, on this date staff member B was suspended pending further investigation. On 6/13/2022, staff member B was terminated based on the conclusion of the investigation.*

42b - Abuse (continued)

On 6/3/2022, Staff member A was verbally educated on policies and procedures regarding medication administration and reporting any deviations from standards of nursing to management. Documentation of education/observation will be kept.

Completion Date: 09/30/2022 Licensee's Proposed Date for POC Implementation [redacted] 10/26/22 Not Implemented

95 - Furniture and Equipment

1. Requirements

2600.

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

Description of Violation

On 7/19/22, a glass lamp in resident #3's bedroom was in disrepair and unplugged. The light bulb socket was disconnected from the lamp and one electrical wire was disconnected from the socket.

Plan of Correction

Accept

On 7/19/2022, the glass lamp was immediately removed from residents room. By 9/16/2022, Administrator or designated staff member will provide education on protocols for removing any furniture or equipment that is in disrepair. Beginning Sept 1st, 2022, Administrator or designee will begin to perform audits once a week for four weeks consecutively until deficiency free. At that point, audits will decrease to monthly for one quarter.

Completion Date: 09/30/2022 Licensee's Proposed Date for POC Implementation

Document Submission

[redacted] 10/26/22 Implemented

On 7/19/2022, the glass lamp was immediately removed from residents room. By 9/16/2022, Administrator or designated staff member will provide education on protocols for removing any furniture or equipment that is in disrepair. Beginning Sept 1st, 2022, Administrator or designee will begin to perform audits once a week for four weeks consecutively until deficiency free. At that point, audits will decrease to monthly for one quarter.

103c - Food Protected

1. Requirements

2600.

103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

Description of Violation

On 7/19/22 at 10:55 AM, approximately 100 fruit cups were stored uncovered in the main kitchen dessert refrigerator. Staff interviews indicated the fruit cups were to be served with dinner.

Plan of Correction

Accept

On 7/19/2022, the fruit cups were immediately covered. By 9/16/2022, staff will be educated on the proper procedure for food storage. Beginning September 1st, administrator or designee will begin to perform audits once a week to ensure food is covered for four weeks consecutively until deficiency free. At that point, audits will decrease to monthly for one quarter.

Completion Date: 09/30/2022 Licensee's Proposed Date for POC Implementation

Document Submission

[redacted] 10/26/22 Implemented

On 7/19/2022, the fruit cups were immediately covered. By 9/16/2022, staff will be educated on the proper

103c - Food Protected (continued)

procedure for food storage. Beginning September 1st, administrator or designee will begin to perform audits once a week to ensure food is covered for four weeks consecutively until deficiency free. At that point, audits will decrease to monthly for one quarter.

132b - Safety Inspection/Fire Drill

1. Requirements

2600.

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

Description of Violation

The most recent fire safety inspection and fire drill conducted by a fire safety expert was completed on on 1/15/20.

Plan of Correction

On 8/24/2022, the maintenance director and administrator coordinated a visit from a fire safety expert from the local fire department to conduct a fire drill and completed a fire inspection at Manchester Commons. Moving forward , the administrator and maintenance director will be responsible to contact a fire safety expert to schedule annual inspection 6 weeks prior to due date of annual inspection.

Completion Date: 09/30/2022 Licensee's Proposed Date for POC Implementation



10/26/22 Implemented

Document Submission

On 8/24/2022, the maintenance director and administrator coordinated a visit from a fire safety expert from the local fire department to conduct a fire drill and completed a fire inspection at Manchester Commons. Moving forward , the administrator and maintenance director will be responsible to contact a fire safety expert to schedule annual inspection 6 weeks prior to due date of annual inspection.

142a - Secure Medical Care

1. Requirements

2600.

142.a. The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan.

Description of Violation

Resident #1 is prescribed Lacosamide 200mg tablet - Take 1 tablet by mouth twice daily. Resident #1's June 2022 medication administration record (MAR) and controlled medication log indicate staff person A administered this medication to resident #1 on 6/2/22 at 8:22 AM.

On 6/2/22 staff person B, a [REDACTED], was training staff person A, a [REDACTED], on the medication cart. After conducting a controlled medication count of resident #1's Lacosamide 200mg tablets, it was discovered that there was 1 additional tablet on the medication cart. Staff person B thought resident #1 did not receive [REDACTED] AM dose, and at approximately 2:45 PM, [REDACTED] prepared resident #1's dose of Lacosamide 200mg for administration and gave it to staff person A to administer. However, staff person A walked to resident #2's room and administered resident #1's Lacosamide 200mg tablet to resident #2. Upon returning to the medication cart, staff person A realized she gave resident #1's Lacosamide 200mg tablet to resident #2 and reported the error to staff person B. Resident #2 was assessed by staff person C and appeared to have troubling swallowing and was coughing excessively. Resident #2's physician and family were notified. A certified registered nurse practitioner (CRNP) was in the home and assessed resident #2's condition. Both the

142a - Secure Medical Care (continued)

physician and CRNP instructed the home to monitor resident #2's vitals and contact the physician if there was a change of condition.

On 6/2/22 during the 2:30 PM – 10:30 PM shift, resident #2 experienced multiple episodes of vomiting, which continued into the overnight shift. At approximately midnight, resident #2 reported to staff person D that she felt ill and requested cold water. The resident was experiencing diarrhea and required 2 staff to assist her to the bathroom, when normally she requires no assistance. Staff person D was concerned about resident #2's condition and initiated 15-minute safety checks; however, failed to contact the resident's physician. At 1:55 AM staff person D found resident #2 unresponsive in [redacted] bed. Resident #2 [redacted] on resident #2's date of [redacted] The immediate cause of death on resident #2's death certificate was [redacted] to Lacosamide, and Therapeutic Misadventure.

Plan of Correction

Accept

Following the medication error, the resident experienced an acute change in condition around midnight, at this time, the policy for notification to supervisor, physician and/or to default to 911 was not followed. Staff person D instead placed the resident on 15 minute security checks and continued to monitor until resident CTB around 0200. On June 4th, 2022, RSC called an urgent team meeting reviewing company policy and procedures, safe medication administration, 5 rights of medication. Observation of competency began June 16th - June 30th, 2022 on every certified staff member administering medication. In addition to, July 5th, 2022. the narcotic binders were fashioned to include policies and procedures so staff can have immediate access to information to ensure continued compliance and fluency in both rights of administration and company policy and procedures (which mirror 2600.42b, 185a, 142a.

Beginning September 1st, Adm or designated staff member will provide read and sign education to staff on notifying supervisor of change in condition and a default action of calling 911 when immediate response is needed, this will be completed by 9/16/2022 for current staff. Education of what constitutes a change of condition will be included.

Upon hire of new staff, this procedure will also be reviewed within one week of hire.

On 6/3/2022, staff member D was interviewed for a statement regarding the incident. In addition to, Staff member D did receive a verbal warning write up regarding not following the proper procedure with notification to supervisor and/or physician.

Documentation of education will be kept.

Completion Date: 09/30/2022 Licensee's Proposed Date for POC Implementation



10/26/22

Not Implemented

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 7/19/22, resident #3's Loperimide HCL 2mg - Take 2 capsules by mouth after 1st loose stool as necessary as needed, was in the home's medication cart. However, this medication was discontinued on 3/9/22.

Plan of Correction

Accept

On 7/19/2022, medication was immediately removed from the cart. By 9/16/2022, admin or designated staff member will provided education to staff to ensure all medications stored in the home have current and active physician orders and medications without orders will be immediately disposed of. Beginning Sept. 1st,

183d - Prescription Current (continued)

Administrator or designee will begin to perform cart audits for four weeks consecutively until deficiency free. At that point, cart audits will decrease to monthly for one quarter to ensure compliance with regulation 183d.

Documentation of education and audits will be kept.

Completion Date: 09/16/2022 Licensee's Proposed Date for POC Implementation [redacted] 10/26/22 Not Implemented

185a - Implement Storage Procedures

1. Requirements

2600.

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

Description of Violation

The home's Controlled Medications Policy indicates, "Controlled medications must be counted before administering the medication to confirm that the count is correct before giving the medication." On 6/2/22 staff person B, a licensed [redacted], was training staff person A, a [redacted], on the medication cart. At approximately 2:45 PM staff person A and staff person B conducted a controlled medication count of resident #1's Lacosamide 200mg tablets and discovered there were 101 Lacosamide 200mg tablets in the medication cart; however, resident #1's controlled medication log indicated a count of 100 tablets, with the last dose being signed off as administered on 6/2/22 at 8:22 AM by staff person A.

Plan of Correction

Accept

On June 5th, 2022 RSC performed audit of narcotic control sheet taking notice that the control sheets were in non-compliance per PSCN policy. Additionally, On July 5th, 2022, new narcotic binders were fashioned to include said policies and procedures. In order to ensure continued compliance and fluency in both 5 Rights of medication administration and company policies and procedures (which mirror 2600.42b, 185a). By 9/16/2022, Admin or designated staff member will provide education to ensure compliance with controlled medications count. Beginning Sept 1st, 2022, Administrator or designee will begin to perform unannounced observations on narcotic count between 1st and 2nd shifts once a week and once between 3rd and 1st for four weeks consecutively until deficiency free. At that point, observation will decrease to monthly for one quarter to ensure compliance with regulation. Documentation of education and audits shall be kept.

On 6/3/2022, staff members A & B were both interviewed, on this date staff member B was suspended pending further investigation. On [redacted], staff member B was terminated based on the conclusion of the investigation. On 6/3/2022, Staff member A was verbally educated on policies and procedures regarding medication administration and reporting any deviations from standards of nursing to management.

Completion Date: 09/30/2022 Licensee's Proposed Date for POC Implementation [redacted] 10/26/22 Not Implemented

186b - Medication Used by Resident

1. Requirements

2600.

186.b. Prescription medications shall be used only by the resident for whom the prescription was prescribed.

Description of Violation

On 6/2/22 at approximately 2:45pm, resident #2 was administered Lacosamide 200mg prescribed for and belonging to resident #1.

186b - Medication Used by Resident (continued)

**Plan of Correction**

**Accept**

Resident # 2 Rights were violated by receiving a medication that was not prescribed to the resident, nor administered according to resident ability to swallow large tablets.

On June 4th, 2022, ADM/RSC called to staff an urgent team meeting educating staff on company policy, safe medication administration, 5 rights of medication administration. Observation of competency began June 16h- June 30th, 2022 on every certified staff member administering medication. Additionally, on July 5th, 2022 new narcotic binders were fashioned to include said policies and procedures. In order to ensure continued compliance and fluency in both 5 Rights of medication administration and company policies and procedures (which mirror 2600.42b, 185a, 142a, 186b)

By 9/16/2022, admin or designated staff member will provide education to the staff on the regulation 186b. Beginning 9/1/2022, all staff administering medications will be observed once a month for 3 months consecutively until deficiency free. At this point, observations will decrease to biannually. Documentation will be kept.

On 6/3/2022, staff members A & B were both interviewed, on this date staff member B was suspended pending further investigation. On [REDACTED], staff member B was terminated based on the conclusion of the investigation.

On 6/3/2022, Staff member A was verbally educated on policies and procedures regarding medication administration and reporting any deviations from standards of nursing to management.

**Completion Date:** 09/30/2022 Licensee's Proposed Date for POC Implementation

[REDACTED]

10/26/22

**Implemented**

**Document Submission**

Resident # 2 Rights were violated by receiving a medication that was not prescribed to the resident, nor administered according to resident ability to swallow large tablets.

On June 4th, 2022, ADM/RSC called to staff an urgent team meeting educating staff on company policy, safe medication administration, 5 rights of medication administration. Observation of competency began June 16h- June 30th, 2022 on every certified staff member administering medication. Additionally, on July 5th, 2022 new narcotic binders were fashioned to include said policies and procedures. In order to ensure continued compliance and fluency in both 5 Rights of medication administration and company policies and procedures (which mirror 2600.42b, 185a, 142a, 186b)

By 9/16/2022, admin or designated staff member will provide education to the staff on the regulation 186b. Beginning 9/1/2022, all staff administering medications will be observed once a month for 3 months consecutively until deficiency free. At this point, observations will decrease to biannually. Documentation will be kept.

On 6/3/2022, staff members A & B were both interviewed, on this date staff member B was suspended pending further investigation. On [REDACTED], staff member B was terminated based on the conclusion of the investigation.

On 6/3/2022, Staff member A was verbally educated on policies and procedures regarding medication administration and reporting any deviations from standards of nursing to management.

187b - Date/Time of Medication Admin.

**1. Requirements**

2600.

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

**Description of Violation**

Resident #1 is prescribed Lacosamide 200mg tablet - Take 1 tablet by mouth twice daily. Resident #1's June 2022 MAR and controlled medication log indicate staff person A administered this medication to resident #1 on 6/2/22 at 8:22 AM. However, this medication was administered to resident #2 on 6/2/22 at approximately 2:45 PM.

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

Repeat Violation: 10/15/21, 6/9/21 et al

Plan of Correction

Accept

Resident #1 rights were violated on account of not receiving prescribed medication as ordered. The 5 rights of medication administration were compromised due to medication not being marked through the preparation, administration and consumption of the medication. Additionally, the medication was documented as given at 0822 on 6/2/22, ultimately this medication was not administered to the resident at that time. The documentation had not been updated as such. The documentation should have been struck from the resident record and re-recorded as not given. On June 4th, 2022, ADM/RSC called to staff an urgent team meeting educating staff on company policy, safe medication administration, 5 rights of medication administration. Observation of competency began June 16th- June 30th, 2022 on every certified staff member administering medication. Additionally, new narcotic binders were fashioned to include said policies and procedures. In order to ensure continued compliance and fluency in both 5 Rights of medication administration and company policies and procedures (which mirror 2600.42b, 185a, 142a, 186b, 187b and 187d) By 9/16/2022, admin or designated staff member will provide education to the staff on the regulation 187b. Beginning 9/1/2022, all staff administering medications will be observed once a month for 3 months consecutively until deficiency free. At this point, observations will decrease to biannually. On 6/3/2022, staff members A & B were both interviewed, on this date staff member B was suspended pending further investigation. On [REDACTED] staff member B was terminated based on the conclusion of the investigation. On 6/3/2022, Staff member A was verbally educated on policies and procedures regarding medication administration and reporting any deviations from standards of nursing to management. Documentation will be kept.

Completion Date: 09/30/2022 Licensee's Proposed Date for POC Implementation



10/26/22 Implemented

Document Submission

Resident #1 rights were violated on account of not receiving prescribed medication as ordered. The 5 rights of medication administration were compromised due to medication not being marked through the preparation, administration and consumption of the medication. Additionally, the medication was documented as given at 0822 on 6/2/22, ultimately this medication was not administered to the resident at that time. The documentation had not been updated as such. The documentation should have been struck from the resident record and re-recorded as not given. On June 4th, 2022, ADM/RSC called to staff an urgent team meeting educating staff on company policy, safe medication administration, 5 rights of medication administration. Observation of competency began June 16th- June 30th, 2022 on every certified staff member administering medication. Additionally, new narcotic binders were fashioned to include said policies and procedures. In order to ensure continued compliance and fluency in both 5 Rights of medication administration and company policies and procedures (which mirror 2600.42b, 185a, 142a, 186b, 187b and 187d) By 9/16/2022, admin or designated staff member will provide education to the staff on the regulation 187b. Beginning 9/1/2022, all staff administering medications will be observed once a month for 3 months consecutively until deficiency free. At this point, observations will decrease to biannually. On 6/3/2022, staff members A & B were both interviewed, on this date staff member B was suspended pending further investigation. On [REDACTED] staff member B was terminated based on the conclusion of the investigation. On 6/3/2022, Staff member A was verbally educated on policies and procedures regarding medication administration and reporting any deviations from standards of nursing to management. Documentation will be kept.

187d - Follow Prescriber's Orders

1. Requirements

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

187d - Follow Prescriber's Orders (continued)

**Description of Violation**

Resident #1 is prescribed Lacosamide 200mg tablet - Take 1 tablet by mouth twice daily. However, on 6/2/22 the AM dose of this medication was not administered to resident #1.

Repeat Violation: 10/15/21, 6/9/21 et al

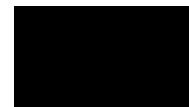
**Plan of Correction**

**Accept**

Resident #1 Rights were violated on account of not receiving prescribed medication as ordered. The 5 rights of medication administration were compromised due to medication not being marked through the preparation, administration and consumption of the medication. Additionally, the medication was documented as given at 0822 on 6/2/22, ultimately this medication was not administered at that time, the documentation had not been updated as such. The documentation should have been struck from the resident record and re-recorded as not given. On June 4th, 2022, ADM/RSC called to staff an urgent team meeting educating staff on company policy, safe medication administration, 5 rights of medication administration. Observation of competency began between June 16th to June 30th, 2022 on every certified staff member administering medication. Additionally, On July 5th, 2022 new narcotic binders were fashioned to include said policies and procedures. In order to ensure continued compliance and fluency in both 5 Rights of medication administration and company policies and procedures (which mirror 2600.42b, 185a, 142a, 186b, 187b and 187d)

By 9/16/2022, admin or designated staff member will provide education to the staff on the regulation 187d. Beginning 9/1/2022, all staff administering medications will be observed once a month for 3 months consecutively until deficiency free. At this point, observations will decrease to biannually. On 6/3/2022, staff members A & B were both interviewed, on this date staff member B was suspended pending further investigation. On [REDACTED], staff member B was terminated based on the conclusion of the investigation. On June 3rd, 2022, Staff member A was verbally educated on policies and procedures regarding medication administration and reporting any deviations from standards of nursing to management. Documentation will be kept.

**Completion Date:** 09/30/2022 Licensee's Proposed Date for POC Implementation



10/26/22 **Implemented**

**Document Submission**

Resident #1 Rights were violated on account of not receiving prescribed medication as ordered. The 5 rights of medication administration were compromised due to medication not being marked through the preparation, administration and consumption of the medication. Additionally, the medication was documented as given at 0822 on 6/2/22, ultimately this medication was not administered at that time, the documentation had not been updated as such. The documentation should have been struck from the resident record and re-recorded as not given. On June 4th, 2022, ADM/RSC called to staff an urgent team meeting educating staff on company policy, safe medication administration, 5 rights of medication administration. Observation of competency began between June 16th to June 30th, 2022 on every certified staff member administering medication. Additionally, On July 5th, 2022 new narcotic binders were fashioned to include said policies and procedures. In order to ensure continued compliance and fluency in both 5 Rights of medication administration and company policies and procedures (which mirror 2600.42b, 185a, 142a, 186b, 187b and 187d)

By 9/16/2022, admin or designated staff member will provide education to the staff on the regulation 187d. Beginning 9/1/2022, all staff administering medications will be observed once a month for 3 months consecutively until deficiency free. At this point, observations will decrease to biannually. On 6/3/2022, staff members A & B were both interviewed, on this date staff member B was suspended pending

*187d - Follow Prescriber's Orders (continued)*

*further investigation. On [REDACTED] staff member B was terminated based on the conclusion of the investigation. On June 3rd, 2022, Staff member A was verbally educated on policies and procedures regarding medication administration and reporting any deviations from standards of nursing to management. Documentation will be kept.*