Department of Human Services
Bureau of Human Service Licensing

September 14, 2022

[redacted]
VALLEY MEDICAL FACILITIES INC
720 BLACKBURN ROAD
SEWICKLEY, PA, 15143

RE: HERITAGE VALLEY SENIOR LIVING COMMUNITY
30 HECKEL ROAD
MCKEES ROCKS, PA, 15136
LICENSE/COC#: 45191

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/20/2022, 07/21/2022, 07/22/2022 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: *HERITAGE VALLEY SENIOR LIVING COMMUNITY* **License #:** *45191* **License Expiration:** *07/01/2023*

Address: *30 HECKEL ROAD, MCKEES ROCKS, PA 15136*

County: *ALLEGHENY* **Region:** *WESTERN*

Administrator

Name: [redacted] **Phone:** [redacted] **Email:** [redacted]

Legal Entity

Name: *VALLEY MEDICAL FACILITIES INC*

Address: *720 BLACKBURN ROAD, SEWICKLEY, PA, 15143*

Phone: [redacted] **Email:** [redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date:** *09/26/1997* **Issued By:** *L & I*

Type: *Other* **Date:** *04/30/2021* **Issued By:** *Allegheny Cty Health Dept.*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff:** *74* **Waking Staff:** *56*

Inspection Information

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

Reason: *Renewal, Incident* **Exit Conference Date:** *07/22/2022*

Inspection Dates and Department Representative

07/20/2022 - On-Site: [redacted]
07/21/2022 - On-Site:
07/22/2022 - On-Site:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *107* **Residents Served:** *49*

Secured Dementia Care Unit

In Home: *Yes* **Area:** *1st floor Pathways* **Capacity:** *17* **Residents Served:** *9*

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older:** *49*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability:** *0*

Have Mobility Need: *25* **Have Physical Disability:** *0*

Inspections / Reviews

07/20/2022 - Full

Lead Inspector: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *08/12/2022*

08/16/2022 - POC Submission

Reviewer [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *08/18/2022*

08/17/2022 - POC Submission

Reviewer [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *08/22/2022*

09/14/2022 - Document Submission

Reviewer: [redacted] **Follow-Up Type:** *Not Required*

15b - Supervisor Plan

1. Requirements

2600.
15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On [redacted] resident #1 alleged being [redacted] on [redacted] by direct care staff persons A and B, while providing shower services. Both staff persons were placed on suspension. However, staff person A returned to work and provided unsupervised direct cates services on [redacted] and Staff person B returned to work and provided unsupervised direct care services on [redacted] prior to the Department completing an investigation. Neither staff person were placed on a plan of supervision approved by the Department or Area Agency on Aging.

Plan of Correction ***Directed***

2600.15b plan of correction
The Heritage Valley Senior Living Team will be reeducated on the requirements related to plan of supervision for those involved in alleged abuse incidents via BHSL regulation in 2600.15(b) and Heritage Valley Senior Living Policies related to abuse prevention and investigation.
1. Heritage Valley Senior Living Team Members will be required to attend an education session regarding abuse prevention and investigation. (addendum A)
1A- The Heritage Valley Senior Living Community policy and Procedures will be updated to ensure that it is clearly understood that team members who are named in alleged abuse allegations will be removed from the schedule , regardless of the communities findings, until either DHS or PA AAA , approve a plan of supervision or conclude the abuse investigation is unfounded.
2. Heritage Valley Senior Living Team Members will be required to review and sign off on the in house Abuse Prohibition policy. (addendum B)
3. New employees will be required to review the Abuse Prohibition Policy upon hire. (addendum B)
4. Employees will be required to attend an in person training annually regarding Abuse Prohibition with applicable quiz on an annual basis. (addendums A, B, & C)

DIRECTED
Within 10 calendar days of the receipt of the accepted plan of correction: The administrator shall audit all allegations of abuse to ensure any staff person alleged of abuse is immediately suspended or placed on a plan of supervision approved by the Department and the Area Agency on Aging. 8/17/22[redacted]

Completion Date: *09/16/2022*

Document Submission ***Implemented***

2600.15b plan of correction
The Heritage Valley Senior Living Team will be reeducated on the requirements related to plan of supervision for those involved in alleged abuse incidents via BHSL regulation in 2600.15(b) and Heritage Valley Senior Living Policies related to abuse prevention and investigation.
1. Heritage Valley Senior Living Team Members will be required to attend an education session regarding abuse prevention and investigation. (addendum A)
1A- The Heritage Valley Senior Living Community policy and Procedures will be updated to ensure that it is clearly understood that team members who are named in alleged abuse allegations will be removed from the schedule , regardless of the communities findings, until either DHS or PA AAA , approve a plan of supervision or conclude the abuse investigation is unfounded.

15b - Supervisor Plan (continued)

2. Heritage Valley Senior Living Team Members will be required to review and sign off on the in house Abuse Prohibition policy. (addendum B)
3. New employees will be required to review the Abuse Prohibition Policy upon hire. (addendum B)
4. Employees will be required to attend an in person training annually regarding Abuse Prohibition with applicable quiz on an annual basis. (addendums A, B, & C)

DIRECTED
Within 10 calendar days of the receipt of the accepted plan of correction: The administrator shall audit all allegations of abuse to ensure any staff person alleged of abuse is immediately suspended or placed on a plan of supervision approved by the Department and the Area Agency on Aging. 8/17/22[redacted]

82c - Locking Poisonous Materials

1. Requirements

2600.
82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

On 7/20/22, at approximately 11:55 a.m., the door to the Spa room was unlocked and accessible to the residents in Pathways (SCDU). There was a large white wall unit with multiple open cubicles labeled with resident's room numbers. In the cubicles were small plastic baskets containing resident toiletries, multiple boxes of denture tablets, mouth washes, creams, etc., to include:
**[redacted]th a label: If swallowed call the Poison Control Center or doctor.*
**[redacted]: if accidently swallowed call Poison Control Center or doctor.*

Resident #2 and resident #3 are [redacted]

Plan of Correction ***Accept***

1. The Heritage Valley Senior Living Team will be educated on "Poisonous materials" include any item labeled "seek medical attention if swallowed" or "contact Poison Control Center if swallowed." These labels occasionally appear on basic personal hygiene items such as toothpaste, mouthwash, deodorant, hand sanitizer, or shampoo; rather than securing these items in a locked area, homes may assess a resident's ability to safely use these items on the resident assessment-support plan, even if the resident cannot safely use other poisonous materials. Staff will also be educated on items that are not "poisonous" may still be hazardous to residents who cannot safely use them. For example, behavioral disorders, mental illness, or dementia-related illness may cause a resident to chronically drink mouthwash, eat deodorant, and so on. If a resident misuses a non-poisonous item, the home may be in violation of § 2600.23-24, § 2600.42(b), and other regulations relating to resident care. (addendum D)
2. The Heritage Valley Senior Living Team shift PCAs will conduct quality assurance checks on areas containing poisonous materials at the end of and beginning of each shift . (addendum E)
3. Members of the Heritage Valley Senior Living Leadership team will conduct weekly and as needed environmental rounds to ensure compliance with this plan of correction. (addendum F)
4. After conversation with the Heritage Valley Senior Living Team, passcode locks will be installed on doors entering into the spa room to ensure the doors lock consistently when shut. (addendum G)

Completion Date: *09/16/2022*

82c - Locking Poisonous Materials *(continued)*

Document Submission ***Implemented***

1. The Heritage Valley Senior Living Team will be educated on "Poisonous materials" include any item labeled "seek medical attention if swallowed" or "contact Poison Control Center if swallowed." These labels occasionally appear on basic personal hygiene items such as toothpaste, mouthwash, deodorant, hand sanitizer, or shampoo; rather than securing these items in a locked area, homes may assess a resident's ability to safely use these items on the resident assessment-support plan, even if the resident cannot safely use other poisonous materials. Staff will also be educated on items that are not "poisonous" may still be hazardous to residents who cannot safely use them. For example, behavioral disorders, mental illness, or dementia-related illness may cause a resident to chronically drink mouthwash, eat deodorant, and so on. If a resident misuses a non-poisonous item, the home may be in violation of § 2600.23-24, § 2600.42(b), and other regulations relating to resident care. (addendum D)
2. The Heritage Valley Senior Living Team shift PCAs will conduct quality assurance checks on areas containing poisonous materials at the end of and beginning of each shift . (addendum E)
3. Members of the Heritage Valley Senior Living Leadership team will conduct weekly and as needed environmental rounds to ensure compliance with this plan of correction. (addendum F)
4. After conversation with the Heritage Valley Senior Living Team, passcode locks will be installed on doors entering into the spa room to ensure the doors lock consistently when shut. (addendum G)

88a - Surfaces

1. Requirements

2600.
88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On 7/20/22, there was a piece of metal stripping/trim approximately 3" long, that was sticking out approximately ½" on the bottom left side of door frame of the emergency exit door off the dining room on the first floor.

On 7/20/22, there was a large area of peeling wallpaper on the right side of the window in the corner at the end of the hall by the physical therapy room. The area measured approximately 17" by 29" on the right side and 10" by 29" on the left side of the wall.

Plan of Correction ***Accept***

1. The areas noted were fixed prior to the end of the state inspection.
2. Heritage Valley Senior Living Community team members will be educated on Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards. (Addendum G1)
3. Members of the Heritage Valley Senior Living Leadership team will conduct weekly and as needed environmental rounds to ensure compliance with this plan of correction. (Addendum F)

Completion Date: *09/16/2022*

Document Submission ***Implemented***

1. The areas noted were fixed prior to the end of the state inspection.
2. Heritage Valley Senior Living Community team members will be educated on Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards. (Addendum G1)
3. Members of the Heritage Valley Senior Living Leadership team will conduct weekly and as needed environmental rounds to ensure compliance with this plan of correction. (Addendum F)

88a - Surfaces (continued)

89b - Hot Water Temperature

1. Requirements

2600.
89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 7/20/22, at approximately 11:45 a.m., the sink hot water temperature measured 126.5 degrees Fahrenheit in the common bathroom in Pathways.

On 7/20/22, at approximately 12:00 p.m.., the sink hot water temperature measured 125.1 degrees Fahrenheit in the shared private bathroom of bedroom #110 in Pathways.

On 7/20/22, at approximately 12:02 p.m.., the sink hot water temperature measured 123.8 degrees Fahrenheit in the shared private bathroom of bedroom #109 in Pathways.

Plan of Correction ***Accept***

1. The Heritage Valley Senior Living Team immediately investigate and adjusted the hot water tank temperature so that it measures below 120 degree F.
2. The Heritage Valley Senior Living Team will be educated on hot water temperature in areas accessible to the resident may not exceed 120°F, including any tap accessible to residents. (addendum H)
3. Temperature monitoring will occur throughout the community three times a week and logged for review and correction if needed. (Addendum I)
4. Members of the Heritage Valley Senior Living Leadership team will conduct weekly and as needed environmental rounds, conducting spot temperature checks throughout the community to ensure compliance with this plan of correction. (addendum F)

Completion Date: *09/16/2022*

Document Submission ***Implemented***

1. The Heritage Valley Senior Living Team immediately investigate and adjusted the hot water tank temperature so that it measures below 120 degree F.
2. The Heritage Valley Senior Living Team will be educated on hot water temperature in areas accessible to the resident may not exceed 120°F, including any tap accessible to residents. (addendum H)
3. Temperature monitoring will occur throughout the community three times a week and logged for review and correction if needed. (Addendum I)
4. Members of the Heritage Valley Senior Living Leadership team will conduct weekly and as needed environmental rounds, conducting spot temperature checks throughout the community to ensure compliance with this plan of correction. (addendum F)

92 - Windows

1. Requirements

2600.
92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

92 - Windows *(continued)*

Description of Violation

On 7/20/22, the row of three windows, the far-left window did not have a screen in the Pub Room.

On 7/20/22, there was no screen in the window at the end of the hallway by room [redacted] the first floor.

Plan of Correction ***Accept***

1. Screens have been obtained and installed for areas described above.
2. Education will be provided to the Heritage valley Senior Living team on Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open. (Addendum J)
3. Environmental services will conduct a community wide walk through and will replace needed window screens. (Addendum K)
4. Members of the Heritage Valley Senior Living Leadership team will conduct weekly and as needed environmental rounds, and conduct spot checks for screens throughout the community to ensure compliance with this plan of correction. (addendum F)

Completion Date: *09/16/2022*

Document Submission ***Implemented***

1. Screens have been obtained and installed for areas described above.
2. Education will be provided to the Heritage valley Senior Living team on Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open. (Addendum J)
3. Environmental services will conduct a community wide walk through and will replace needed window screens. (Addendum K)
4. Members of the Heritage Valley Senior Living Leadership team will conduct weekly and as needed environmental rounds, and conduct spot checks for screens throughout the community to ensure compliance with this plan of correction. (addendum F)

100a - Exterior - Free of Hazards

1. Requirements

2600.
100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

On 7/20/22, the concrete near the end of the patio in the courtyard off the Pub Room is deteriorating, pitting, and crumbling in an area, measuring approximately 2' by 7" by 1" deep. The area of the concrete in disrepair is in line with the emergency egress route from the courtyard, posing a trip/fall hazard.

Plan of Correction ***Accept***

1. The patio was repaired at the time of discovery. (Addendum L)
2. Education will be provided to the Heritage Valley Senior Living Team on - The exterior of the building and the building grounds or yard must be in good repair and free of hazards. (Addendum M)
3. Environmental Services will conduct daily environmental rounds to ensure the community is free of hazards. (Addendum N)
4. Members of the Heritage Valley Senior Living Leadership team will conduct weekly and as needed environmental rounds to ensure compliance with this plan of correction. (addendum F)

Completion Date: *08/16/2022*

100a - Exterior - Free of Hazards *(continued)*

Document Submission ***Implemented***

1. The patio was repaired at the time of discovery. (Addendum L)
2. Education will be provided to the Heritage Valley Senior Living Team on - The exterior of the building and the building grounds or yard must be in good repair and free of hazards. (Addendum M)
3. Environmental Services will conduct daily environmental rounds to ensure the community is free of hazards. (Addendum N)
4. Members of the Heritage Valley Senior Living Leadership team will conduct weekly and as needed environmental rounds to ensure compliance with this plan of correction. (addendum F)

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

On 7/20/22 at approximately 10:55 a.m., resident #1 did not have a bedside light that could be turned on/off from bedside. The lamp was on the bedside table that measured approximately 5' from the residents bedside reach. There was a wheeled bed tray at the bedside that also did not have a light and the light switches on wall at top of bed measured approximately 2' from the bedside.

REPEAT: VIOLATION 1/25/21

Plan of Correction ***Directed***

1. Heritage Valley Team Members placed a lantern at the resident's bedside to ensure a bed side light was accessible from the bedside.
2. Education will be provided to the Heritage Valley Senior Living Team Members on each resident shall have the following in the bedroom an operable lamp or other source of lighting that can be turned on at bedside. (Addendum N)
3.Weekly audits will be completed throughout the community to ensure that bedside lights are accessible to residents by the nursing team. (Addendum O)
4. Members of the Heritage Valley Senior Living Leadership team will conduct weekly and as needed environmental rounds to ensure compliance with this plan of correction. (addendum F)

DIRECTED

Within 10 calendar days of the receipt of the accepted plan of correction: The administrator or designated staff person shall audit all resident bedside lighting weekly to ensure compliance with Regulation 2600.101(j)(7). 8/17/22
[redacted]

Completion Date: *09/16/2022*

Document Submission ***Implemented***

1. Heritage Valley Team Members placed a lantern at the resident's bedside to ensure a bed side light was accessible from the bedside.
2. Education will be provided to the Heritage Valley Senior Living Team Members on each resident shall have the following in the bedroom an operable lamp or other source of lighting that can be turned on at bedside.

101j7 - Lighting/Operable Lamp (continued)

(Addendum N)
3.Weekly audits will be completed throughout the community to ensure that bedside lights are accessible to residents by the nursing team. (Addendum O)
4. Members of the Heritage Valley Senior Living Leadership team will conduct weekly and as needed environmental rounds to ensure compliance with this plan of correction. (addendum F)

DIRECTED

Within 10 calendar days of the receipt of the accepted plan of correction: The administrator or designated staff person shall audit all resident bedside lighting weekly to ensure compliance with Regulation 2600.101(j)(7). 8/17/22

[redacted]

103f - Refrigerator/Freezer Temps

1. Requirements

2600.
103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 7/20/22, at approximately 11:32 a.m., the temperature of the freezer section of the refrigerator/freezer in the kitchenette in Pathways measured 6 degrees Fahrenheit. A recheck of the freezer section on 7/22/22 at 10:00 a.m., measured 4 degrees Fahrenheit.

Plan of Correction ***Accept***

1.) A thermometer was ordered to replace the thermometer in the freezer as we believe the thermometer was not calibrated correctly.
2.) Heritage Valley Team Members will be educated on Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers. The staff will be educated on when , why and how temperature beyond the perimeters should be reported .(Addendum P)
3.) Members of the Heritage Valley Senior Living Leadership team will conduct weekly and as needed environmental rounds, conducting spot freezer temperature checks throughout the community to ensure compliance with this plan of correction. (addendum F)

Completion Date: *09/16/2022*

Document Submission ***Implemented***

1.) A thermometer was ordered to replace the thermometer in the freezer as we believe the thermometer was not calibrated correctly.
2.) Heritage Valley Team Members will be educated on Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers. The staff will be educated on when , why and how temperature beyond the perimeters should be reported .(Addendum P)
3.) Members of the Heritage Valley Senior Living Leadership team will conduct weekly and as needed environmental rounds, conducting spot freezer temperature checks throughout the community to ensure compliance with this plan of correction. (addendum F)

121a - Unobstructed Egress

1. Requirements

2600.
121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

The courtyard off the Pub Room is enclosed by black approximately 6' or 7' high and a gate to exit towards the far left side that is identified as an emergency egress route. On 7/20/22, at approximately 10:40 a.m., there was a round piece of clear coated wire rope around the top of fencing post and gate preventing the gate from opening.

On 7/20/22, at approximately 11:08 a.m., the emergency exit door in dining room on first floor could not be opened without great force. The exterior side of the door frame had swelled in the middle preventing the door from being opened.

Plan of Correction ***Accept***

1. Environmental services immediately fixed both areas mentioned above; the emergency exit door in the dining room on the first floor can be opened with ease after a repair was made, and the clear coated wire rope around the top of fencing post was immediately removed.
2. Education will be provided to the Heritage Valley Senior Living Community regarding Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed (Addendum Q)
3. Members of the Heritage Valley Senior Living Leadership team will conduct weekly and as needed environmental rounds to ensure compliance with this plan of correction. (addendum F

Completion Date: *09/16/2022*

Document Submission ***Implemented***

1. Environmental services immediately fixed both areas mentioned above; the emergency exit door in the dining room on the first floor can be opened with ease after a repair was made, and the clear coated wire rope around the top of fencing post was immediately removed.
2. Education will be provided to the Heritage Valley Senior Living Community regarding Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed (Addendum Q)
3. Members of the Heritage Valley Senior Living Leadership team will conduct weekly and as needed environmental rounds to ensure compliance with this plan of correction. (addendum F

132c - Fire Drill Records

1. Requirements

2600.
132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

Interviews indicated the home is evacuating all residents to fire safe areas during the fire drills. However, the homes fire drill record only indicates the number of residents evacuated from the simulated fire area during the fire drills conducted on following dates:

** 2/27/22 at 5:38 a.m. 46 residents in home 8 residents evacuated in Pathways*

** 3/31/22 at 5:00 p.m. 43 residents in home 16 residents evacuated in Lane*

** 4/28/22 at 12:53 p.m. 46 residents in home 35 residents evacuated in Lane*

132c - Fire Drill Records (continued)

** 5/24/22 at 1:50 p.m. 47 residents in home 12 residents evacuated in Pathways.*

** 6/27/22 at 6:00 a.m. 48 residents in home 37 residents evacuated in Lane*

Plan of Correction ***Accept***

1. Heritage Valley Senior Living Community team members will be educated on how a written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative, and appropriate documentation of such. (addendum R)

3. Administrator or designee will complete a monthly audit on the fire drill record with the Environmental Service Director to ensure that the documentation accurately reflects the total number of people evacuated. (addendum T)

Completion Date: *09/16/2022*

Document Submission ***Implemented***

1. Heritage Valley Senior Living Community team members will be educated on how a written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative, and appropriate documentation of such. (addendum R)

3. Administrator or designee will complete a monthly audit on the fire drill record with the Environmental Service Director to ensure that the documentation accurately reflects the total number of people evacuated. (addendum T)

183e - Storing Medications

1. 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

Resident #2 is prescribed [redacted] The medication pen or the label on the bag did not indicate an open date. The manufacturer's instructions indicate that it expires 28 days of opening.

Plan of Correction ***Accept***

1. Upon, discovery, A new [redacted] was obtained, dated , and the undated [redacted] was wasted.

2. Medication Administration staff will be reeducated on 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. Reeducation will be completed by 9/16/2022. (addendum U)

3. A new [redacted] was obtained, dated, and the undated [redacted] was wasted.

4. Director of Resident Care Services or designee will audit medication carts weekly for compliance with date open stickers for 3 months. If audits demonstrate compliance the audits will be conducted monthly. If audits do not demonstrate compliance further education will be provided.(addendum V)

Completion Date: *09/16/2022*

183e - Storing Medications *(continued)*

Document Submission ***Implemented***

1. Upon, discovery, A new [redacted] was obtained, dated , and the undated [redacted] was wasted.
2. Medication Administration staff will be reeducated on 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. Reeducation will be completed by 9/16/2022. (addendum U)
3. A new [redacted] as obtained, dated, and the undated [redacted] was wasted.
4. Director of Resident Care Services or designee will audit medication carts weekly for compliance with date open stickers for 3 months. If audits demonstrate compliance the audits will be conducted monthly. If audits do not demonstrate compliance further education will be provided.(addendum V)

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

Resident #2's July 2022 Medication Administration Record (MAR) indicates the resident is prescribed [redacted] daily Tuesday, Thursday & Saturday. However, the [redacted] available in the home for administration.

Resident #4 is prescribed [redacted]

On [redacted] resident #4 [redacted] However, a [redacted] was recorded in the residents [redacted]

Plan of Correction ***Accept***

1. Upon discovery, Heritage Valley Senior Living Community obtained the needed PRN medication.
2. An audit occurred on all orders for [redacted] to ensure accuracy of documentation of [redacted] in the MAR.
3. Medication Administration staff will be reeducated on regulations related to our policies and procedures regarding the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons. Reeducation will be completed by 9/16/2022. (Addendum W)
4. Education will also include reviewing the [redacted] before completing data entry, and how to access history on [redacted] and the importance of documenting accurate information. (Addendum W)
5. Director of Resident Care Services or designee will audit medication carts weekly for 3 months to ensure all ordered medications are available for administration. If audits demonstrate compliance the audits will be conducted monthly. If audits do not demonstrate compliance further education will be provided. (Addendum X)

Completion Date: *09/16/2022*

185a - Implement Storage Procedures *(continued)*

Document Submission ***Implemented***

1. Upon discovery, Heritage Valley Senior Living Community obtained the needed PRN medication.
2. An audit occurred on all orders for [redacted] to ensure accuracy of documentation of [redacted] in the MAR.
3. Medication Administration staff will be reeducated on regulations related to our policies and procedures regarding the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons. Reeducation will be completed by 9/16/2022. (Addendum W)
4. Education will also include reviewing the [redacted] before completing data entry, and how to access history on [redacted] and the importance of documenting accurate information. (Addendum W)
5. Director of Resident Care Services or designee will audit medication carts weekly for 3 months to ensure all ordered medications are available for administration. If audits demonstrate compliance the audits will be conducted monthly. If audits do not demonstrate compliance further education will be provided. (Addendum X)

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:
6. Dose.
11. Special precautions, if applicable.

Description of Violation

Resident #4 is prescribed [redacted] does not indicate the site of administration. The section was blank.

Resident #4 is prescribed [redacted]

On [redacted] the resident had a [redacted] The residents [redacted] does not indicate the amount of [redacted] the resident received or the site of administration. These sections were blank.

Plan of Correction ***Accept***

1. An audit occurred on all orders for [redacted] to ensure accuracy of documentation of [redacted] in the MAR.
2. Heritage Valley Senior Living Community Med Techs will be re-educated on storage, access, security, distribution, documentation, and use of medical equipment. Team members will also be re-educated on proper MAR documentation and Documentation completion. Special focus on site of administration documentation will occur as well. (addendum Y)
3. Director of Resident Care or designee will audit MARS of resident's that have [redacted] on a weekly basis x 3 months, and if compliance is obtained, audits will transition to a monthly basis. If noncompliance is noted, further education with a [redacted] will occur. (addendum Z)

Completion Date: *09/16/2022*

187a - Medication Record *(continued)*

Document Submission ***Implemented***

1. An audit occurred on all orders for [redacted] to ensure accuracy of documentation of [redacted] in the MAR.

2. Heritage Valley Senior Living Community Med Techs will be re-educated on storage, access, security, distribution, documentation, and use of medical equipment. Team members will also be re-educated on proper MAR documentation and Documentation completion. Special focus on site of administration documentation will occur as well. (addendum Y)

3. Director of Resident Care or designee will audit MARS of resident's that have [redacted] on a weekly basis x 3 months, and if compliance is obtained, audits will transition to a monthly basis. If noncompliance is noted, further education with a [redacted] will occur. (addendum Z)

234a - Admission Support Plan

1. Requirements

2600.

234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident #5's medical evaluation, dated [redacted] and assessment dated [redacted] indicates the resident is prescribed a [redacted] However, the support plan finalized [redacted] only indicates, "the resident's dietary needs frequently change, will indicate and the homes plan to meet the dietary need indicates, "will make sure the resident receives the correct ordered diet."

Plan of Correction ***Accept***

1. The support plan was immediately updated to reflect the current diet orders.

2. Facility staff who complete support plans will be reeducated on Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

3. When a diet change occurs support plan addendums will be utilized. (addendumZ1)

4. Support plans will be reviewed by Director of resident Care Services or designee for compliance upon completion.

5. Director of Resident Care Services or designee will completer an audit of all current support plans to ensure all diet orders are correct and in place throughout the community. (addendum Z2)

Completion Date: *09/16/2022*

Document Submission ***Implemented***

1. The support plan was immediately updated to reflect the current diet orders.

2. Facility staff who complete support plans will be reeducated on Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

3. When a diet change occurs support plan addendums will be utilized. (addendumZ1)

4. Support plans will be reviewed by Director of resident Care Services or designee for compliance upon completion.

5. Director of Resident Care Services or designee will completer an audit of all current support plans to ensure all diet orders are correct and in place throughout the community. (addendum Z2)

234a - Admission Support Plan (continued)