

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

February 24, 2023

[REDACTED]
HILLSIDE REST HOME, INC.
[REDACTED]

RE: HILLSIDE PERSONAL CARE
1175 OLD WAYNESBORO PIKE
FAIRFIELD, PA, 17320
LICENSE/COC#: 34875

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/26/2022, 07/27/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

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

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *HILLSIDE PERSONAL CARE* License #: *34875* License Expiration: *04/17/2023*
 Address: *1175 OLD WAYNESBORO PIKE, FAIRFIELD, PA 17320*
 County: *ADAMS* Region: *CENTRAL*

Administrator

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

Legal Entity

Name: *HILLSIDE REST HOME, INC.*
 Address: [Redacted]
 Phone: [Redacted] Email: [Redacted]

Certificate(s) of Occupancy

Type: *C 2 LP* Date: *12/08/1978* Issued By: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *40* Waking Staff: *30*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #: [Redacted]
 Reason: *Renewal* Exit Conference Date: *07/27/2022*

Inspection Dates and Department Representative

07/26/2022 On Site [Redacted]
 07/27/2022 On Site [Redacted]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *48* Residents Served: *40*

Secured Dementia Care Unit
 In Home: *No* Area: [Redacted] Capacity: [Redacted] Residents Served: [Redacted]

Hospice
 Current Residents: *0*

Number of Residents Who:
 Receive Supplemental Security Income: *14* Are 60 Years of Age or Older: *35*
 Diagnosed with Mental Illness: *27* Diagnosed with Intellectual Disability: *13*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

07/26/2022 - Full
 Lead Inspector: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *08/19/2022*

09/15/2022 - POC Submission
 Submitted By: [Redacted] Date Submitted: *09/01/2022*
 Reviewer: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *09/23/2022*

Inspections / Reviews (*continued*)

10/21/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/23/2022

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 10/31/2022

02/24/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/11/2022

Reviewer: [REDACTED]

Follow-Up Type: Not Required

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

On 7/26/2022 at approximately 10:10 AM, the battery operated carbon monoxide alarm in the kitchen was not labeled with the date of installation as per the Care Facility Carbon Monoxide Alarm Standards Act.

POC Submission

Accept (redacted) - 09/23/2022)

* Maintenance Supervisor replaced and dated battery on 7/26/22.

* Maintenance Supervisor will replace and date battery annually. Maintenance Supervisor will set a reminder in calendar to replace battery.

*The battery will be labeled with the day of installation and replaced at least once annually or at such time as the carbon monoxide alarm signals a drained or failing battery, whichever is sooner.

Licensee's Proposed Overall Completion Date: 09/23/2022

Implemented (redacted) - 11/23/2022)

20b3 - Written Receipts

2. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

3. The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.

Description of Violation

Receipts from residents for cash disbursements did not include the full date, time, resident's signature or witnessed mark.

The home did not obtain the resident signature for the receipt of cash disbursements for Resident #5 for the following documented withdrawals:

- (redacted) -\$12.00
- (redacted) -\$20.00
- (redacted) -\$20.00

The home did not obtain the resident signature for the receipt of cash disbursements for Resident #6 for the following documented withdrawals:

- (redacted) -\$25.18
- (redacted) -\$272.16
- (redacted) -\$42.54

POC Submission

Accept (redacted) 09/23/2022)

* Office Manager had Resident #5 & Resident #6 sign for the receipt of cash disbursements on 8/3/22. Office

20b3 - Written Receipts (continued)

- Manager will review all resident cash disbursements and have resident sign for any missing items by 9/7/22.
- * On-going office staff will have resident sign for all immediate transactions at time the transaction is recorded on the disbursement sheet. If resident is unable to sign the file will be noted.
- * Training will be provided by Administrator on regulation 2600.20b3 to Office Manager and Medical Care Coordinator by 09/07/2022
- * Quarterly audits will be done by Administrator beginning 10/15/22

Licensee's Proposed Overall Completion Date: 10/15/2022

Implemented (████ - 02/24/2023)

20b6 - Interest Bearing Account

3. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

- 6. If a home is holding more than \$200 for a resident for more than 2 consecutive months, the administrator shall notify the resident and offer assistance in establishing an interest-bearing account in the resident's name at a local Federally-insured financial institution. This does not include security deposits.

Description of Violation

The home held money for Resident #5 from March 2022 through 7/20/2022, during which time the balance of those funds did not fall below \$████ Assistance in opening an interest-bearing account was not offered.

The home held money for Resident #6 from 1/1/2022 through 7/13/2022 during which time the balance of those funds did not fall below \$████. Assistance in opening an interest-bearing account was not offered.

The home held money for Resident #7 from 3/30/2022 through 7/20/2022 during which time the balance of those funds did not fall below \$████. Assistance in opening an interest-bearing account was not offered.

POC Submission

Accept (████ - 09/23/2022)

- * Administrator offered assistance to residents #5, #6 and #7 in establishing an interest-bearing account. Each resident signed statement that assistance was offered on 8/10/22.
- * Administrator will audit all remaining residents by 09/28/22 and offer assistance in establishing an interest-bearing account monthly and will have documentation of each resident that the home offers financial management for and will complete the residents request within 30 days of any and all requests.
- * Office Manager will audit financial records for those residents we help manage their funds bimonthly and will inform Administrator of those individuals that meet the requirements of 2600.20b6. Administrator will offer assistance in establishing an interest bearing account as needed.
- * Education will be provided to Office Manager by Administrator on 09/21/22 on the requirements to notify the resident and offer assistance in establishing an interest bearing account if a home is holding more than \$200.00 for a resident for more than two consecutive months.

Licensee's Proposed Overall Completion Date: 09/23/2022

Implemented (████ - 02/24/2023)

20b8 - Quarterly Account

4. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

8. The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

Description of Violation

Residents #5, #6 and #7 have not received quarterly accounts of financial transactions.

POC Submission

Directed [REDACTED] 09/26/2022)

** Office Manager provided Resident #5, #6 and #7 a quarterly accounting of financial transactions on 8/3/22 and file was noted.*

** Office Manager will quarterly provide all residents and the resident's designated person that the home provides assistance with financial management a statement and file will be noted quarterly.*

** An initial audit of all other residents in the home for those the home holds money for will be completed by Office Manager by 09/28/22 to ensure an itemized account of financial transactions made on the resident's behalf were completed.*

** Education will be provided by Administrator to Office Manager on 09/21/22 on the requirements to provide itemized accounts of financial transactions to the resident and the resident's designated person on a quarterly basis.*

** Administrator will audit the financial transactions quarterly for compliance with the next audit being completed in December 2022.*

Directed Completion Date: 09/28/2022

Implemented [REDACTED] - 11/23/2022)

51 - Criminal Background Check

6. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

A report of federal criminal history record information from the Federal Bureau of Investigation and a Pennsylvania State Police Criminal Background Check was not obtained for Staff Member A whom resides outside the Commonwealth of Pennsylvania.

POC Submission

Accept (CR - 09/23/2022)

** Staff person "A" resigned on [REDACTED] 22. The administrator will audit all employee files and complete any necessary criminal history checks by 9/14/22.*

** The administrator will complete all background checks in the timeline as required in accordance with the Older Adult Protective Services Act. The staff trainer will check the employees' file for completed paperwork as per staff record checklist within two weeks of hire.*

** Education will be provided by Administrator to Office Manager by 09/23/22 on the requirements for background checks in accordance with the Older Adult Protective Services Act.*

51 - Criminal Background Check (*continued*)

Licensee's Proposed Overall Completion Date: 09/23/2022

Implemented [REDACTED] - 02/23/2023)

65d - Initial Direct Care Training

7. Requirements

2600.

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

1. Training that includes a demonstration of job duties, followed by supervised practice.
3. Initial direct care staff person training to include the following:
 - i. Safe management techniques.
 - ii. ADLs and IADLs
 - iii. Personal hygiene.
 - iv. Care of residents with dementia, mental illness, cognitive impairments, an intellectual disability and other mental disabilities.
 - v. The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - vi. Implementation of the initial assessment, annual assessment and support plan.
 - vii. Nutrition, food handling and sanitation.
 - viii. Recreation, socialization, community resources, social services and activities in the community.
 - ix. Gerontology.
 - xi. Care and needs of residents with special emphasis on the residents being served in the home.
 - xiii. Universal precautions.
 - xv. Infection control.
 - xvi. Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

Description of Violation

Direct Care Staff Person C, hired on [REDACTED]/2021, did not complete training that included a demonstration of job duties, followed by supervised practice.

Direct Care Staff Member B, hired on [REDACTED]/2020, did not complete the following initial direct care staff person training:

- *Safe Management Techniques*
- *Personal Hygiene*
- *Care of Residents with Dementia, Mental Illness, Cognitive Impairments, Mental Retardation and other mental disabilities*
- *The normal aging-cognitive, psychological and functional abilities of individuals who are older*
- *Recreation, Socialization, Community Resources, Social Services and Activities in the Community*
- *Care and needs of residents with special emphasis on the residents being served in the home,*
- *Infection Control*
- *Nutrition, food handling and sanitation*
- *Gerontology*
- *Universal Precautions*
- *Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.*

65d - Initial Direct Care Training (continued)

Direct Care Staff Member C, hired on [REDACTED]/2021, did not complete the following initial direct care staff person training:

- Safe Management Techniques
- ADLs and IADLs
- Personal Hygiene
- Care of Residents with Dementia, Mental Illness, Cognitive Impairments, Mental Retardation and other mental disabilities
- The normal aging-cognitive, psychological and functional abilities of individuals who are older
- Implementation of the initial assessment, annual assessment and support plan
- Nutrition, food handling and sanitation
- Recreation, Socialization, Community Resources, Social Services and Activities in the Community
- Care and needs of residents with special emphasis on the residents being served in the home,
- Infection Control
- Gerontology
- Universal Precautions
- Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.

POC Submission

Accept [REDACTED] - 09/23/2022)

- * Staff Trainer will retrain Staff persons B & C by 9/8/22. Staff Trainer will add "65d" to the employee initial training checklist.
- * Staff Trainer will review all new staff records within one week of hire. Staff Trainer will annually review staff records and update as needed. Staff Trainer will add a reminder to calendar of upcoming retraining's as needed.
- * An initial audit of all other staff members working in the home will be completed by Office Manager to be completed by 09/30/22 to ensure all staff have the required training identified in 65d.

Licensee's Proposed Overall Completion Date: 09/30/2022

Implemented ([REDACTED] - 11/23/2022)

85a - Sanitary Conditions

8. Requirements

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

Description of Violation

On 7/26/2022, at approximately 10:10 AM, the kitchen's stove exhaust hood was covered with a sticky residue and a layer of dust overtop.

On 7/26/2022, the "shower room" had mold on the residents' shower curtain and on the ceiling. There were also patches of peeling paint on the ceiling.

On 7/26/2022, the refrigerator in the food storage room had a yellow, unidentified substance covering the bottom shelf.

85a - Sanitary Conditions (continued)

POC Submission

Accept (CR - 09/23/2022)

* The kitchen's stove exhaust hood was cleaned on 7/26/22 by maintenance staff. The shower curtain and ceiling were cleaned by maintenance staff on 7/26/22. The refrigerator was cleaned by maintenance staff on 7/26/22.
* Housekeeping staff will complete duties on cleaning logs and document completion for daily and weekly cleaning schedule. Housekeeping staff will be re-educated on regulation 85a by Housekeeping Supervisor by 09/30/22. Housekeeping supervisor will do random weekly inspections of completed housekeeping tasks and will be providing on-going feedback to housekeeping staff. Housekeeping Supervisor will begin inspections on 09/15/22

Licensee's Proposed Overall Completion Date: 09/30/2022

Implemented (redacted) - 11/23/2022)

86b - Bathroom

9. Requirements

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

On 7/26/2022, at approximately 10:25 AM, Bathroom #1 and the first floor shower room did not have an operable ventilation fan or window.

POC Submission

Accept (redacted) - 09/23/2022)

* Bathroom #1 fan will be replaced by maintenance staff by 9/16/22.
* Maintenance Supervisor will add bathroom exhaust fan to the monthly inspection checklist. And schedule any repairs as needed. Maintenance Supervisor will begin monthly inspections and make notations on the monthly checklist as needed on 09/16/22

Licensee's Proposed Overall Completion Date: 09/23/2022

Implemented (redacted) 11/23/2022)

88a - Surfaces

10. 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 7/26/2022 at approximately 9:55 AM, the dining room was observed to have broken tiles on the floor next to the resident's water dispenser and medication cart. The broken tiles created an uneven walking surface and a potential tripping hazard.

On 7/26/2022, at approximately 10:30 AM, the vents in bathroom #1 and bathroom #5 were covered in a thick layer of dust with the potential to prevent proper ventilation.

On 7/26/2022, at approximately 10:37 AM, the center stairway carpet was seen to have multiple, large dark brown and black stains as well as areas where the carpet is worn or torn, exposing the floor beneath the carpet.

On 7/26/2022, at approximately 10:45 AM, bathroom #3 had a black substance surrounding the bottom of the toilet and sink as well as a brown substance splashed on the wall next to the toilet.

On 7/26/2022, the assist bar in bathroom #3 was covered in rust and the tiled shower wall was covered in a black plastic material and duct tape.

88a - Surfaces (continued)

On 7/26/2022, the baseboard heater in the "shower room" was covered in rust.

POC Submission

Accept (CR 09/23/2022)

* The broken floor tiles in the dining room will be repaired by flooring company by 9/28/22. The vents in Bathroom #1 and #5 were cleaned on 7/26/22 by maintenance staff. The center stairway carpet will be replaced by 9/28/22 by Maintenance Supervisor. Bathroom #3 was cleaned by Housekeeping Staff removing the noted stains/substances on 7/26/22. The assist bar in bathroom #3 will be replaced by maintenance staff by 9/5/22. The bathroom #3 shower wall will be repaired by 9/28/22 by Maintenance Supervisor. The baseboard heater will be repainted by 9/12/22 Maintenance Supervisor.

* Monthly the Maintenance supervisor will inspect all areas for compliance with regulation 88.a. and will schedule repairs promptly as they are needed.

* Education will be provided to Maintenance Supervisor by Adminsitrator by 09/27/22 and to housekeeping staff by Maintenance Supervisor by 09/30/22 regarding floors, walls, ceilings, windows, doors and other surfaces being clean, n good repair and free of hazards.

Licensee's Proposed Overall Completion Date: 09/30/2022

Implemented [redacted] 02/24/2023)

90b - Staff Communication

11. Requirements

2600.

90.b. For a home serving 9 or more residents, there shall be a system or method of communication that enables staff persons to immediately contact other staff persons in the home for assistance in an emergency.

Description of Violation

The home does not have a system that allows staff in different parts of the home to communicate with each other in an emergency. On 7/27/2022, the home served 40 residents.

POC Submission

Accept [redacted] 09/23/2022)

* Walkie Talkies were purchased on 7/30/22 and education was provided to all staff on 7/30/22 on regulation 90.b by Office Manager.

* Monthly the Maintenance Supervisor will inspect the walkie talkie are working properly this will be included on the monthly checklist. Starting on 9/28/22

Licensee's Proposed Overall Completion Date: 09/28/2022

Implemented [redacted] 11/23/2022)

95 Furniture and Equipment

12. Requirements

2600.

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

Description of Violation

On 7/26/2022, at approximately 10:45 AM, a smoke detector was hanging from the ceiling by exposed wires creating

95 - Furniture and Equipment (continued)

a potentially hazardous condition in the home.

On 7/26/2022, the GE A/C unit in the window of the downstairs common room was covered in dirt and had black specks that appeared to be mold inside of the vents.

POC Submission

Accepted (redacted) 09/23/2022)

* The maintenance staff repaired the smoke detector on 7/26/22. The maintenance staff inspected all smoke detectors on 7/26/22. The maintenance staff cleaned the A/C unit in the common room downstairs on 7/26/22. The maintenance staff inspected and cleaned as needed all A/C units in the facility on 7/26/22.

* Monthly the maintenance supervisor will inspect all smoke detectors and A/C units for compliance of regulation 95. This will be recorded on the Monthly checklist.

Licensee's Proposed Overall Completion Date: 09/23/2022

Implemented (redacted) - 11/23/2022)

100a - Exterior - Free of Hazards

13. 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 7/27/2022, the exterior roof area had areas where the flashing fell off, exposing the wood roof area to the exterior elements.

POC Submission

Accepted (redacted) 09/02/2022)

* The administrator has contacted a contractor for a quote to repair the flashing and secure any additional loose flashing. The contractor came on 8/23/22 to inspect needed repairs. Waiting on quote. Work will be completed as per the contractor's schedule of availability.

* Monthly the maintenance supervisor will inspect for regulation 100.a. and schedule repairs as needed. This will be recorded on the monthly checklist.

Licensee's Proposed Overall Completion Date: 11/15/2022

Implemented (redacted) - 11/23/2022)

101j3 - Bed/Linens/Pillows/Blankets

14. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 3. Pillows, bed linens and blankets that are clean and in good repair.

101j3 - Bed/Linens/Pillows/Blankets (continued)

Description of Violation

On 7/26/2022, at approximately 10:35 AM, a resident's pillow in Bedroom [redacted] was without a pillow case and linens were not being laundered at the time. The pillow had brown and yellow stains.

On 7/26/2022, at approximately 10:40 AM, a resident's pillow case in Bedroom [redacted] was found to have brown and yellow stains.

POC Submission

Accept ([redacted] - 09/23/2022)

* The housekeeping staff removed the soiled pillow from bedroom #3 and resident was given a new pillow on 7/26/22. The housekeeping staff replaced the soiled pillow case with a clean pillow case in bedroom [redacted] on 7/26/22. The staff supervisor retrained the housekeeping staff on regulation 101.j.3 on 7/26/22 & 09/15/22. * Housekeeping staff will complete duties on cleaning logs and document completion for daily and weekly cleaning schedule as per current housekeeping cleaning log. Housekeeping staff will be re-educated on regulation 101.j3 by housekeeping supervisor by 09/15/22. Housekeeping supervisor will do random weekly inspections of completed housekeeping tasks and will be providing on-going feedback to housekeeping staff beginning on 09/15/22

Licensee's Proposed Overall Completion Date: 09/23/2022

Implemented ([redacted] 11/23/2022)

101j7 Lighting/Operable Lamp

15. 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 7/26/2022, Bedroom [redacted] and Bedroom [redacted] were found to be without access to a source of light that can be turned on/off at bedside.

POC Submission

Accept ([redacted] 09/23/2022)

* Maintenance supervisor placed new lamps in Bedroom [redacted] and bedroom [redacted] on 7/28/22. Maintenance Supervisor will retrain Housekeeping Staff about regulation 101.j.7 by 09/15/22

* Maintenance supervisor will do random weekly inspections and document on the maintenance audit log of completed housekeeping tasks and will be providing on-going feedback to housekeeping staff. Audits will begin on 09/15/22

Licensee's Proposed Overall Completion Date: 09/23/2022

Implemented ([redacted] 02/24/2023)

101r - Bedroom - shades/drapes/window covering

16. Requirements

2600.

101r - Bedroom - shades/drapes/window covering (continued)

101.r. There must be drapes, shades, curtains, blinds or shutters on the bedroom windows. Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.

Description of Violation

On 7/26/2022, at approximately 10:40 AM, window curtains in Bedroom [redacted] had red and brown stains covering half the length of the curtains.

POC Submission

Accept [redacted] - 09/23/2022)

* Housekeeping staff removed and laundered the curtain on 7/26/22. Housekeeping Staff will be retrained by Housekeeping Supervisor about regulation 101.r by 09/15/22

* Maintenance supervisor will do random weekly inspections and document on the maintenance audit log of completed housekeeping tasks and will be providing on-going feedback to housekeeping staff. Audits will begin on 09/15/22.

Licensee's Proposed Overall Completion Date: 09/23/2022

Implemented [redacted] 11/23/2022)

102d - Grab/Hand/Assist Bar/Slip-Resistant Surface

17. Requirements

2600.

102.d. Toilet and bath areas must have grab bars, hand rails or assist bars. Bathtubs and showers must have slip-resistant surfaces.

Description of Violation

The assist bars in Bathrooms [redacted] and [redacted] were loose and wobbly, creating a safety hazard to any resident utilizing them for support.

POC Submission

Accept ([redacted] 09/23/2022)

* Maintenance Supervisor removed old grab bars and replaced with new grab bars on 9/1/22

* Monthly the maintenance supervisor will inspect for regulation 102.d and schedule repairs as needed. This will be recorded on the monthly checklist.

* Maintenance will inspect for grab bars, hand rails or assist bars in each toilet and bath bars and ensure they are properly secured for resident's safety.

Licensee's Proposed Overall Completion Date: 09/23/2022

Implemented [redacted] - 11/23/2022)

102i - Soap Dispenser

18. Requirements

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

102i - Soap Dispenser (continued)

Description of Violation

On 7/27/2022, Bathroom [redacted] which is a shared bathroom in the home, was observed to have an empty soap dispenser.

POC Submission

Accept [redacted] - 09/23/2022)

- * Housekeeping filled the soap dispenser on 7/27/22. Housekeeping Supervisor will retrain housekeeping staff about regulation 102.i by 09/15/22
- * Housekeeping will check soap dispensers in each bathroom of the home during their weekly cleaning duties. Empty dispensers will be filled immediately as needed.
- * Maintenance supervisor will do random weekly inspections and document on the maintenance audit log of completed housekeeping tasks and will be providing on-going feedback to housekeeping staff. Audits will begin on 09/15/22

Licensee's Proposed Overall Completion Date: 09/23/2022

Implemented [redacted] - 11/23/2022)

103c - Food Protected

19. Requirements

2600.
103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

Description of Violation

On 7/26/2022 at approximately 10:25 AM, a Ziploc bag was found to have a frozen, unknown meat substance attached to the outside of the bag in the upright Frigidaire freezer.

POC Submission

Accept [redacted] - 09/23/2022)

- * Kitchen staff disposed of the ziploc bag on 7/26/22. Kitchen Staff will be retrained by Kitchen Supervisor about regulation 103.c by 09/15/22
- * The refrigerators and freezers should be inspected daily by kitchen staff to ensure food is protected from contamination while be stored.
- * Kitchen supervisor will do random weekly inspections of completed kitchen tasks and will be providing on-going feedback to kitchen staff, beginning on 09/15/22 this will be added to the weekly checklist.

Licensee's Proposed Overall Completion Date: 09/23/2022

Implemented [redacted] - 11/23/2022)

103d - Storing Food Off Floor

20. Requirements

2600.
103.d. Food shall be stored off the floor.

Description of Violation

On 7/26/2022, at approximately 10:05 AM, various food items including soda, a case of Ensure, a box of Swiss Miss, and Kellogg's cereal snack bags, were being stored on the floor in the kitchen

POC Submission

Accept [redacted] - 09/23/2022)

- * Kitchen staff removed food items from the floor and placed on shelf above on 7/26/22. Kitchen Supervisor will

103d - Storing Food Off Floor (continued)

retrain kitchen staff about regulation 103.d by 09/15/22.

- * Kitchen staff will check the area daily to ensure food/packaging is not in direct contact with the floor.
- * Kitchen supervisor will do random weekly inspections of completed kitchen tasks and will be providing on-going feedback to kitchen staff, beginning on 09/15/22 this will be added to the weekly checklist.

Licensee's Proposed Overall Completion Date: 09/23/2022

Implemented [REDACTED] - 11/23/2022)

103e - Left Overs**21. Requirements**

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

On 7/26/2022 at approximately 10:00 AM, the refrigerator in the dining room had two unlabeled, undated containers of relish and an unlabeled, undated Ziploc bag of pasta.

POC Submission

Accept [REDACTED] - 09/23/2022)

- * Kitchen staff disposed of food items on 7/26/22. Kitchen Supervisor will retrain kitchen staff about regulation 103.e by 09/15/22.
- * Leftover food items will be checked daily by kitchen staff to ensure proper identification of food items, length of time food has been in storage and to prevent cross contamination of food as well as the use of expired food items.
- * Kitchen supervisor will do random weekly inspections of completed kitchen tasks and will be providing on-going feedback to kitchen staff, beginning on 09/15/22 this will be added to the weekly checklist.

Licensee's Proposed Overall Completion Date: 09/23/2022

Implemented [REDACTED] - 11/23/2022)

103f - Refrigerator/Freezer Temps**22. 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 7/26/2022, at approximately 10:00 AM, there was no thermometer in the silver standing dining room refrigerator.
On 7/26/2022, at approximately 10:20 AM, there was no thermometer in the food storage room's deep freezer or in the standing refrigerator's top freezer.

POC Submission

Directed [REDACTED] - 09/26/2022)

- * Maintenance supervisor purchased new thermometers and zip tied them to the shelf in the refrigerator and the freezer on 7/30/22. Kitchen staff were retrained by kitchen supervisor on regulation 103.f on 9/15/22
- * Kitchen supervisor will do random weekly inspections of completed kitchen tasks and will be providing on-going feedback to kitchen staff, beginning on 09/15/22 this will be added to the weekly checklist.

103f - Refrigerator/Freezer Temps (continued)

Directed -

An initial audit will be completed to ensure thermometers are in all refrigerators and freezers within 5 days of receipt of this plan. Each unit will be checked for proper food storage temperature during the kitchen supervisor's random weekly inspections of completed kitchen tasks beginning 9/15/2022. CR, 9/26/2022

Directed Completion Date: 09/23/2022

Implemented () - 11/23/2022)

105g Lint Removal and Duct Cleaning

23. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer s instructions.

Description of Violation

On 7/26/2022, at approximately 10:15 AM, an accumulation of lint was found in the lint trap of the residential laundry room covering 100% of the lint trap screen. There were no clothes in the dryer at the time.

POC Submission

Accept () - 09/23/2022)

* Housekeeping Staff cleaned lint trap on 7/26/22. Housekeeping supervisor retrained housekeeping staff on 7/26/22 & 09/15/22 of the importance of regulation 105.g. A sign was placed by dryer on 7/26/22 instructing staff to clean lint trap after every load.

* Housekeeping supervisor will do random weekly inspections of completed housekeeping tasks and will be providing on-going feedback to housekeeping staff, beginning on 09/15/22 this will be added to the weekly checklist.

Licensee's Proposed Overall Completion Date: 09/23/2022

Implemented () - 02/23/2023)

132a Monthly Fire Drill

25. Requirements

2600.

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

An unannounced fire drill was not held during the month of June 2022.

POC Submission

Accept () - 09/26/2022)

* Maintenance supervisor will hold an additional fire drill in September 2022.

* Training was provided by the Administrator to the Maintenance Supervisor On 7/30/22 about regulation 132a

* Maintenance Supervisor will monthly hold a fire drill. Administrator will review fire drill log monthly for a year for compliance with regulation 132.a.

* Fire logs will be reviewed at the quality Management meeting to be held by 11/30/22

Licensee's Proposed Overall Completion Date: 09/30/2022

Implemented () 11/23/2022)

132b - Safety Inspection/Fire Drill

26. 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 last fire safety inspection and fire drill conducted by a fire safety expert was conducted on April 19, 2018.

POC Submission

Accept (CR - 09/23/2022)

* Fire chief inspection is scheduled for 9/2/22. Documentation of fire drill and inspection will be kept.

* A reminder will be placed in the Maintenance Supervisor and Administrators electronic calendar 6 weeks prior to annual due date to schedule fire safety inspection and fire drill.

* Administrator will review fire drill and inspection documentation monthly and update as needed.

* Fire logs will be reviewed at the quality Management meeting to be held by 11/30/22

Licensee's Proposed Overall Completion Date: 10/30/2022

Implemented ([redacted] - 11/23/2022)

183d - Prescription Current

27. 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 7/27/2022 at approximately 10:35 AM [redacted], prescribed for Resident #1, was in the home's medication cart ; however, the medication expired in May 2022.

On 7/27/2022 at approximately 10:50AM, [redacted], prescribed for Resident #2, was in the home's medication cart; however, the medication expired in April 2022.

POC Submission

Accept ([redacted] - 09/23/2022)

* Expired medications were disposed of as per medication disposal procedure and reordered on 7/27/22 by Med Tech. All Med Techs were retrained on regulation 183.d on 8/12/22 by Med Trainer

* Administrator and Medical Care Coordinator will rotate weekly med cart inspections for expired medications starting in September 2022 and on-going.

Licensee's Proposed Overall Completion Date: 09/30/2022

Implemented [redacted] 11/23/2022)

185a - Implement Storage Procedures

28. 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.

185a - Implement Storage Procedures (continued)

Description of Violation

Resident #3 is prescribed [REDACTED] as needed [REDACTED] On 7/27/2022 at 10:35 AM, Resident #3's medication was not available in the home.

Resident #3 has physician's orders to check blood sugar twice daily. The blood glucose checks on the glucometer did not match the numbers transcribed on the Medication Administration Record (MAR) as follows:

- Glucometer reading on [REDACTED] 2022 at [REDACTED] PM was [REDACTED]. The number documented on the MAR states blood glucose is [REDACTED].
- Glucometer reading on [REDACTED]/2022 at [REDACTED] AM was [REDACTED]. -The number documented in the MAR states the blood glucose is [REDACTED].
- Glucometer reading on [REDACTED]/2022 at [REDACTED] AM was [REDACTED]. -The number documented in the MAR states the blood glucose is [REDACTED].

POC Submission**Accept (CR - 09/23/2022)**

* Resident #3 [REDACTED] was reordered on 7/26/22 but had not been delivered to the home until later in the day on 7/27/22. Med Tech's were retrained by Med Trainer on 7/27/22 to reorder medications 5 days before expiration to ensure medications are available in the home. Med Tech's were retrained on 7/27/22 by Med Trainer on 7/27/22 with the importance of accuracy of documentation.

* All staff conducting blood sugar testing will be re-educated on the use of glucometers and documenting accurate information on the Medication Administration Record (MAR) by Med Trainer by 07/27/22

* The Administrator will conduct weekly audits of the actual readings on the residents glucometers and compare them to the documented blood glucose levels on the MARS for a period of 3 months. starting on 09/26/22

* Discrepancies found on the glucometers will be addressed with the Med Tech transcribing the readings incorrectly.

* Administrator and Medical Care Coordinator will rotate monthly med cart inspections for availability of medications and accuracy of documentation starting in September 2022 and on-going.

Licensee's Proposed Overall Completion Date: 09/26/2022

Implemented ([REDACTED] - 02/23/2023)

187a - Medication Record

29. Requirements

2600.

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

12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident #3 is prescribed [REDACTED]. However, Resident's #3's medication administration record (MAR) does not indicate the diagnosis or purpose for the medication.

POC Submission**Accept [REDACTED] - 09/23/2022)**

* Electronic MAR was updated on 7/28/22 by Medical Care Coordinator to reflect the diagnosis or purpose for the medication

* Education will be provided to Medical Care Coordinator by Med Trainer on 07/30/22 regarding the required identifying information for each resident's medication administration record.

187a - Medication Record (continued)

* MAR Audits will be completed by Medical Care Coordinator monthly as they are received by the pharmacy to ensure all of the required information is listed on each resident's MAR-This audit will begin in October 2022 an on-going.

Licensee's Proposed Overall Completion Date: 09/23/2022

Implemented [REDACTED] - 11/23/2022)

187d Follow Prescriber's Orders**30. Requirements**

2600.

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

Description of Violation

Resident #4 is prescribed [REDACTED] injected subcutaneously with special instructions to inject per blood glucose correction scale: 201-250=2u. However, on [REDACTED]/2022, Resident #4's blood glucose was [REDACTED] and the resident received 3 units and on [REDACTED]/2022, Resident #4's blood glucose was [REDACTED] and the resident received 1 unit.

POC Submission

Accept [REDACTED] - 09/23/2022)

* Weekly audits for proper medication administration will be completed by Medical Care Coordinator to ensure proper insulin is given per the directions of the prescriber for 3 months and then monthly ongoing starting 09/20/22.

* Med Techs will be re-educated on medication error notification and documentation processes including notifying the resident, resident's designated person and the prescriber for administration of the wrong amount of medication. Documentation of medication errors and the prescriber's response shall be kept in the resident's record-indicate by Med Trainer by 09/26/22

* An initial audit of all residents in the home with a sliding scale will be completed by Medical Care Coordinator by 09/20/22 to ensure sliding scale orders are being followed correctly.

Licensee's Proposed Overall Completion Date: 09/26/2022

Implemented [REDACTED] 11/23/2022)

252 Record Content**32. Requirements**

2600.

252. Content of Resident Records Each resident s record must include the following information:

3. A photograph of the resident that is no more than 2 years old.

Description of Violation

On 7/26/2022, records for Resident's #3, #4, #8 and #9 do not include a photograph of the resident that is no more than 2 years old.

252 - Record Content (continued)

POC Submission

Accept (CR - 09/23/2022)

* All residents had a current photo taken on 8/31/22 by The Medical Care Coordinator. The Building Supervisor will populate photos to face sheets on 9/10/22. The Medical Care Coordinator will review photos every 6 months to ensure everyone's photo is in compliance with the timelines as required in the regulation. The Medical Care Coordinator will create a reminder event in the electronic calendar to update photos within 2 years.

* Administrator will review files for compliance with regulation 252 annually.

* Administrator will re-educate Medical Care Coordinator regarding regulation 252 by 09/30/22

Licensee's Proposed Overall Completion Date: 09/30/2022

Implemented (████) - 11/23/2022)

254a - Records Discharge/Active

33. Requirements

2600.

254.a. Records of active and discharged residents shall be maintained in a confidential manner, which prevents unauthorized access.

Description of Violation

On 7/26/2022, resident records were unlocked, unattended and accessible on the medication cart in the dining room and on the top of a file cabinet in the kitchen including a face sheet for Resident #3. Additional records which were accessible included pharmacy delivery sheets, blood sugar records and oxygen temperature logs for other residents within the home.

POC Submission

Accept (████) 09/23/2022)

* Building supervisor secured documents on 7/26/22. All staff were retrained on 7/28/22 on regulation 254.a by Building Supervisor.

* Beginning on 09/23/22, Building supervisor, Medical Care Coordinator and Administrator will monitor daily for unlocked, unattended records containing confidential information and provide re-training as needed.

Licensee's Proposed Overall Completion Date: 09/23/2022

Implemented (████) 02/23/2023)