Department of Human Services
Bureau of Human Service Licensing

October 5, 2022

[redacted], CHIEF OPERATING OFFICER
[redacted]

RE: GARDEN VIEW MANOR
441 SWISSVALE AVENUE
PITTSBURGH, PA, 15221
LICENSE/COC#: 44069

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/27/2022, 07/28/2022 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: *GARDEN VIEW MANOR* **License #:** *44069* **License Expiration:** *07/02/2023*

Address: *441 SWISSVALE AVENUE, PITTSBURGH, PA 15221*

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

Administrator

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

Legal Entity

[redacted]

Certificate(s) of Occupancy

Type: *I-2* **Date:** *04/08/2010* **Issued By:** *L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff:** *48* **Waking Staff:** *36*

Inspection Information

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

Reason: *Renewal* **Exit Conference Date:** *07/28/2022*

Inspection Dates and Department Representative

07/27/2022 - On-Site: [redacted]
07/28/2022 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *56* **Residents Served:** *48*

Secured Dementia Care Unit

In Home: *No* **Area:** **Capacity:** **Residents Served:**

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *48* **Are 60 Years of Age or Older:** *26*

Diagnosed with Mental Illness: *48* **Diagnosed with Intellectual Disability:** *1*

Have Mobility Need: *0* **Have Physical Disability:** *1*

Inspections / Reviews

07/27/2022 - Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/21/2022*

08/31/2022 - POC Submission

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *09/06/2022*

09/08/2022 - POC Submission

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *09/30/2022*

10/05/2022 - Document Submission

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

3c - Post Current License

1. Requirements

2600.
3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 7/27/22, the PA Code Chapter 2600 regulations were not posted in a conspicuous and public place in the home.

Plan of Correction ***Accept***

The PA Code Chapter 2600 regulations were removed from the lobby display case by a resident most likely decompensating as residents frequently remove postings/items throughout the building. The Chapter book was anchored/positioned in the glass case in lobby display case where all can see/access on 7-28-22 after DHS left. The staff task checklist will be updated to have the overnight staff verify the chapter book is in the case/accessible nightly. This form will be updated by Team Lead by 9/12/22. Administrator and Supervisor will be responsible for ensuring this is completed.

To prevent future occurrences from happening, Administrator ordered more chapter books and they will be placed the building in 3 additional locations so that at least one book is always posted/accessible. This will be completed by 9/13/22 by Maintenance staff. Administrator and Supervisor will ensure this is completed.

In addition, a new display case has been ordered to ensure forms are secure. This will be completed by 9/30/22 to allow for delivery, maintenance replacement.

Completion Date: *09/30/2022*

Document Submission ***Implemented***

The PA Code Chapter 2600 regulations were removed from the lobby display case by a resident most likely decompensating as residents frequently remove postings/items throughout the building. The Chapter book was anchored/positioned in the glass case in lobby display case where all can see/access on 7-28-22 after DHS left. The staff task checklist will be updated to have the overnight staff verify the chapter book is in the case/accessible nightly. This form will be updated by Team Lead by 9/12/22. Administrator and Supervisor will be responsible for ensuring this is completed.

To prevent future occurrences from happening, Administrator ordered more chapter books and they will be placed the building in 3 additional locations so that at least one book is always posted/accessible. This will be completed by 9/13/22 by Maintenance staff. Administrator and Supervisor will ensure this is completed.

In addition, a new display case has been ordered to ensure forms are secure. This will be completed by 9/30/22 to allow for delivery, maintenance replacement.

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 7/27/22, there was an approximate 12" tear in the top screen panel and approximately 1/2 of the screen from the

88a - Surfaces (continued)

lower screen panel was torn from the frame of the screen door at the exit door from the cyber room.

Plan of Correction ***Directed***

Unfortunately, the screen panel was torn (constant wear and tear). This was not immediately noticed and fixed. The screen panels were replaced immediately by 4pm. Administrator met with staff on 9-6-22 shift change and sent an All GVM email 9/6/22 re-educating staff on the repair process. Signs have been placed throughout the building reminding staff to alert if items are broken/need repaired.
Maintenance staff will be checking building daily for blocked entrances, removing debri etc, cleaning lint traps, taking out trash, cleaning/ disinfecting the building, cleaning the elevator, and cleaning all resident rooms. Maintenance staff will be wiping down microwaves, staff offices ,chairs, desk phones, staff refrigerator on a weekly basis. On a monthly basis, they will be checking all the screen doors in the building ensuring they are all in good condition. (DIRECTED: The monthly checks shall include an inspection of all operable windows to ensure secured screens, which are clean and in good repair, are present. [redacted] 9/8/22). The September monthly check will take place by 9/13/22. The maintenance staff checklists will be updated. It will be updated to ensure that this is added/and we notice needed repairs and fix immediately. The maintenance supervisor will have the maintenance staff check these items . They will turn in the forms to maintenance supervisor who will ensure items are repaired in a timely manner by their staff or the building owner/their contractors.
For future compliance, these forms will be given to Administrator/Supervisor monthly to review. The forms will be updated by 9/13/22 (in case the existing form has to be redone). The maintenance supervisor will be responsible for ensuring form has necessary information. The Administrator and Supervisor will ultimately ensure this is up to date and building is in good shape.

Completion Date: *09/13/2022*

Document Submission ***Implemented***

Unfortunately, the screen panel was torn (constant wear and tear). This was not immediately noticed and fixed. The screen panels were replaced immediately by 4pm. Administrator met with staff on 9-6-22 shift change and sent an All GVM email 9/6/22 re-educating staff on the repair process. Signs have been placed throughout the building reminding staff to alert if items are broken/need repaired.
Maintenance staff will be checking building daily for blocked entrances, removing debri etc, cleaning lint traps, taking out trash, cleaning/ disinfecting the building, cleaning the elevator, and cleaning all resident rooms. Maintenance staff will be wiping down microwaves, staff offices ,chairs, desk phones, staff refrigerator on a weekly basis. On a monthly basis, they will be checking all the screen doors in the building ensuring they are all in good condition. (DIRECTED: The monthly checks shall include an inspection of all operable windows to ensure secured screens, which are clean and in good repair, are present. [redacted] 9/8/22). The September monthly check will take place by 9/13/22. The maintenance staff checklists will be updated. It will be updated to ensure that this is added/and we notice needed repairs and fix immediately. The maintenance supervisor will have the maintenance staff check these items . They will turn in the forms to maintenance supervisor who will ensure items are repaired in a timely manner by their staff or the building owner/their contractors.
For future compliance, these forms will be given to Administrator/Supervisor monthly to review. The forms will be updated by 9/13/22 (in case the existing form has to be redone). The maintenance supervisor will be responsible for ensuring form has necessary information. The Administrator and Supervisor will ultimately ensure this is up to date and building is in good shape.

89a - Water Pressure

1. Requirements

2600.
89.a. The home must have hot and cold water under pressure in each bathroom, kitchen and laundry area to accommodate the needs of the residents in the home.

Description of Violation

On 7/27/22 at 10:35am, no handle was present for the hot water at the sink, located in the ground floor women's common restroom.

Plan of Correction ***Accept***

The handle from the sink was broken (by a resident) or just normal wear and tear. No one notified maintenance as it must have happened after their daily cleaning. A plumber was immediately called by the maintenance supervisor and this was repaired on 7-27-22.
For ongoing compliance, maintenance supervisor will ensure their staff check the bathrooms and laundry area water daily. The kitchen supervisor will ensure his staff check the kitchen water daily (it's already done as they use constantly). This should allow all to find any needed repairs and address immediately. Administrator and Supervisor will remind the maintenance/kitchen staff of this. Maintenance will have their staff repair things that we as tenants are responsible for. If our staff cannot fix, we will call an outside contractor. If the building owner is responsible, we will ensure they fix necessary repairs in a timely manner. We have a company form to submit needed repairs (beyond in house maintenance). On 8/31/22 & 9/1/22 meal times, Residents were reminded that they need to notify staff of any broken items in bathroom and staff will notify maintenance . On 9/6/22, Staff placed the signs in the bathroom reminding residents to notify us if there are issues . On 9/6/22, at shift change and via email, staff was re-educated on the reporting procedures for repairs (signs placed throughout the building).

Completion Date: *09/06/2022*

Document Submission ***Implemented***

The handle from the sink was broken (by a resident) or just normal wear and tear. No one notified maintenance as it must have happened after their daily cleaning. A plumber was immediately called by the maintenance supervisor and this was repaired on 7-27-22.
For ongoing compliance, maintenance supervisor will ensure their staff check the bathrooms and laundry area water daily. The kitchen supervisor will ensure his staff check the kitchen water daily (it's already done as they use constantly). This should allow all to find any needed repairs and address immediately. Administrator and Supervisor will remind the maintenance/kitchen staff of this. Maintenance will have their staff repair things that we as tenants are responsible for. If our staff cannot fix, we will call an outside contractor. If the building owner is responsible, we will ensure they fix necessary repairs in a timely manner. We have a company form to submit needed repairs (beyond in house maintenance). On 8/31/22 & 9/1/22 meal times, Residents were reminded that they need to notify staff of any broken items in bathroom and staff will notify maintenance . On 9/6/22, Staff placed the signs in the bathroom reminding residents to notify us if there are issues . On 9/6/22, at shift change and via email, staff was re-educated on the reporting procedures for repairs (signs placed throughout the building).

91 - Telephone Numbers

1. Requirements

2600.
91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

91 - Telephone Numbers *(continued)*

Description of Violation

On 7/27/22, there were no emergency telephone numbers on or by the telephones in the following areas:

- *The telephone in the 1st floor telephone room*
- *The telephone in the 2nd floor telephone room*

Plan of Correction ***Accept***

Unfortunately, a resident removed the emergency telephone numbers or they fell down . We always have these posted (as they had been replaced recently on 1st floor). This was replaced on 7-28-22. All outside line phones had the posting replaced on 7-28-22. The postings do not fit on phone so it's always on the wall right near phone. We will post an additional postings on the table where phones sit by 9/13/22 (as this allows us to order more secure backing and have them delivered. It is taped down for now on table). Staff will be responsible for placing the items. In addition, our staff task checklists will be updated to include this so staff can check daily and ensure they are posted (and replace if removed). Form to be updated by 9/13/22. Administrator and Supervisor will ensure this is completed.

Completion Date: *09/13/2022*

Document Submission ***Implemented***

Unfortunately, a resident removed the emergency telephone numbers or they fell down . We always have these posted (as they had been replaced recently on 1st floor). This was replaced on 7-28-22. All outside line phones had the posting replaced on 7-28-22. The postings do not fit on phone so it's always on the wall right near phone. We will post an additional postings on the table where phones sit by 9/13/22 (as this allows us to order more secure backing and have them delivered. It is taped down for now on table). Staff will be responsible for placing the items. In addition, our staff task checklists will be updated to include this so staff can check daily and ensure they are posted (and replace if removed). Form to be updated by 9/13/22. Administrator and Supervisor will ensure this is completed.

132a - Monthly Fire Drill

1. 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 months of December 2021, January 2022, or May 2022.

Plan of Correction ***Accept***

Unfortunately, the site missed the fire drills when the regulation was lifted 2021. The site was undergoing a huge covid outbreak. Site should have contacted regional office to discuss. Drills did resume in February 2022. Drills have been held monthly. We did miss a month when we had another outbreak. Site should have contacted regional for guidance.

Moving forward, Administrator, Supervisor, and Housekeeping Supervisor will ensure that the monthly drills are conducted. Supervisor/Administrator will look at form and ensure its done by the end of the month. If there is an outbreak, administrators know they must consult regional for guidance if it's problematic.

Completion Date: *08/30/2022*

132a - Monthly Fire Drill *(continued)*

Document Submission ***Implemented***

Unfortunately, the site missed the fire drills when the regulation was lifted 2021. The site was undergoing a huge covid outbreak. Site should have contacted regional office to discuss. Drills did resume in February 2022. Drills have been held monthly. We did miss a month when we had another outbreak. Site should have contacted regional for guidance.

Moving forward, Administrator, Supervisor, and Housekeeping Supervisor will ensure that the monthly drills are conducted. Supervisor/Administrator will look at form and ensure its done by the end of the month. If there is an outbreak, administrators know they must consult regional for guidance if it's problematic.

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 home's most recent fire safety inspection and fire drill conducted by a fire safety expert was completed on 10/15/19.

Plan of Correction ***Accept***

Unfortunately, a fire expert didn't come because of covid previously. We unfortunately missed having him come when the restriction was lifted. Immediately (same day as DHS was here) Administrator contacted and arranged the fire inspection and drill for 8/16/22. This was completed and we have the letter.
Moving forward, we will ensure it is conducted yearly as scheduled. Administrator already let him know we will contact well before August 2023 to have date set. A reminder /appts was sent to Administrator, Supervisor, Director, and Housekeeping Supervisor to remind of setting this appt with fire expert by 8/16/23. Sent reminder for 6/16/23 to allow for time for current expert. If [redacted] cannot do in August or earlier, we will have time to find another expert before 8/16/23.
Administrators will be responsible for ensuring this occurs.
Completion Date: *08/30/2022*

Document Submission ***Implemented***

Unfortunately, a fire expert didn't come because of covid previously. We unfortunately missed having him come when the restriction was lifted. Immediately (same day as DHS was here) Administrator contacted and arranged the fire inspection and drill for 8/16/22. This was completed and we have the letter.
Moving forward, we will ensure it is conducted yearly as scheduled. Administrator already let him know we will contact well before August 2023 to have date set. A reminder /appts was sent to Administrator, Supervisor, Director, and Housekeeping Supervisor to remind of setting this appt with fire expert by 8/16/23. Sent reminder for 6/16/23 to allow for time for current expert. If [redacted] cannot do in August or earlier, we will have time to find another expert before 8/16/23.
Administrators will be responsible for ensuring this occurs.

132d - Evacuation

1. Requirements

2600.

132d - Evacuation *(continued)*

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

During the fire drill held on 4/29/22 at 2:15am, only 49 of 50 residents present in the home at the time of the fire drill were evacuated.

The home does not have a maximum safe evacuation time specified in writing within the past year by a fire safety expert. The home exceeded the evacuation time of 2 minutes, 30 seconds during the following drills:

- *2/24/22 at 9:17am-evacuation time was 4 minutes*
- *3/31/22 at 11:30am-evacuation time was 4 minutes*
- *4/29/22 at 2:15am-evacuation time was 3 minutes, 50 seconds*
- *6/13/22 at 4:45pm-evacuation time was 3 minutes*

Plan of Correction ***Directed***

Unfortunately, the site had one resident that refused to evacuate on 4/29/22. This resident was decompensating and not cooperating. In addition, the home had evacuations over the 2:30 min time (time limit without yearly inspection). The home has now had a yearly inspection and is aware of the limit (5 mins) and will ensure it's followed. Staff will practice drills with the residents to help remind them of the routines/evacuation. If the residents do not evacuate within the 5 min time limit, the drill will be repeated until it makes the time.

For future compliance, If residents refuse to evacuate, the administrator/supervisor will issue a warning letter and notify treatment team and family. If they refuse a second time, another letter will be issued and a meeting will be called to remind of house rules and pre-eviction notice given. The third time the person refuses, they will be issued an eviction notice.
The Administrators and Housekeeping supervisors will ensure this is followed. if by chance we don't have a yearly fire letter ,we will ensure the 2.5 mins limit is reached (repeat until the acceptable time is achieved for the month).

DIRECTED: Within 5 calendar days of receipt of the plan of correction: A designated staff person shall review the home's fire drill records at least monthly to ensure all residents evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert, within the period of time specified in writing within the past year by a fire safety expert. [redacted] 9/8/22.

Completion Date: *09/06/2022*

Document Submission ***Implemented***

Unfortunately, the site had one resident that refused to evacuate on 4/29/22. This resident was decompensating and not cooperating. In addition, the home had evacuations over the 2:30 min time (time limit without yearly inspection). The home has now had a yearly inspection and is aware of the limit (5 mins) and will ensure it's followed. Staff will practice drills with the residents to help remind them of the routines/evacuation. If the residents do not evacuate within the 5 min time limit, the drill will be repeated until it makes the time.

For future compliance, If residents refuse to evacuate, the administrator/supervisor will issue a warning letter and notify treatment team and family. If they refuse a second time, another letter will be issued and a meeting will be called to remind of house rules and pre-eviction notice given. The third time the person refuses, they will be issued

132d - Evacuation (continued)

an eviction notice.
The Administrators and Housekeeping supervisors will ensure this is followed. if by chance we don't have a yearly fire letter ,we will ensure the 2.5 mins limit is reached (repeat until the acceptable time is achieved for the month).

DIRECTED: Within 5 calendar days of receipt of the plan of correction: A designated staff person shall review the home's fire drill records at least monthly to ensure all residents evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert, within the period of time specified in writing within the past year by a fire safety expert. [redacted] 9/8/22.

184a - Labeling OTC/CAM

1. Requirements

2600.
184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

Resident #1 is prescribed [redacted] (max 6 units additional) with meals 3 times daily (max 36 units daily). Sliding scale: 141-180=1 unit; 181-220=2 units; 221-260=3 units; 261-300=4 units; 301-340=5 units; 341-400=6 units; >400= 6 units + call MD; however, the pharmacy label for resident #1's Novolog 100u/ml Flexpen does not include the sliding scale.

Resident #1 is prescribed [redacted] every morning; however, the pharmacy label for resident #1's Basaglar Kwikpen indicates to inject 15 units subcutaneously every morning.

Plan of Correction ***Directed***

Unfortunately, the sliding scale wasn't on the pharmacy label on the residents medications (insulin bag) but it was on the MAR. The nurse handled this after DHS left (she started before she left but had slight delay in getting from doctor/pharmacy. This was completed by 7/28/22. Proof was sent to auditor on 8/10/22.

For future compliance, the nurse will conduct the monthly cart audits to discover medication issues such as this. The September Monthly Med Cart Audit will be completed by 9-30-22. Thereafter, it will be completed by the 15th of the month. See attached form to see all items checked in cart audit. All resident labels will be reviewed in this monthly check to ensure all sliding scale orders are present. In addition, all staff will be reminded by 9/13/22 in shift reports and via email to remember to check mar/label and ensure it matches and if it changes place the refer to mar sticker. We will get new script/label when the medication is reordered. If an order changes, the nurse will print out orders from doctor and attach to the insulin pen bag to ensure all are current.

Supervisor/Administrator will get a copy of the monthly audit form to review/discuss issues / concerns.

184a - Labeling OTC/CAM (continued)

DIRECTED: Within 72 hours of receipt of the plan of correction: The pharmacy label for resident #1's Basaglar Kwikpen insulin shall be updated to include the most recent physician orders. LM 9/8/22

Completion Date: *09/30/2022*

Document Submission ***Implemented***

Unfortunately, the sliding scale wasn't on the pharmacy label on the residents medications (insulin bag) but it was on the MAR. The nurse handled this after DHS left (she started before she left but had slight delay in getting from doctor/pharmacy. This was completed by 7/28/22. Proof was sent to auditor on 8/10/22.

For future compliance, the nurse will conduct the monthly cart audits to discover medication issues such as this. The September Monthly Med Cart Audit will be completed by 9-30-22. Thereafter, it will be completed by the 15th of the month. See attached form to see all items checked in cart audit. All resident labels will be reviewed in this monthly check to ensure all sliding scale orders are present. In addition, all staff will be reminded by 9/13/22 in shift reports and via email to remember to check mar/label and ensure it matches and if it changes place the refer to mar sticker. We will get new script/label when the medication is reordered. If an order changes, the nurse will print out orders from doctor and attach to the insulin pen bag to ensure all are current.

Supervisor/Administrator will get a copy of the monthly audit form to review/discuss issues / concerns.

DIRECTED: Within 72 hours of receipt of the plan of correction: The pharmacy label for resident #1's [redacted] shall be updated to include the most recent physician orders. [redacted] 9/8/22

225a - Assessment 15 Days

1. Requirements

2600.
225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #2's initial assessment does not include the date of resident #2's admission to the home, or the date the assessment was finalized. Resident #2 was admitted to the home on [redacted].

Plan of Correction ***Directed***

Unfortunately, the site administrator and supervisor didn't make sure that we redid the RASP and had all dates entered. We worked with prior supervisor that knew him to complete the RASP..and we didn't add dates and sign as well as them. The RASP was finished/updated on 8/30/22.

To ensure future compliance, when residents are admitted we will have a tracker and count out 15 days to ensure assessment is done and dates entered. We will create the form by 9/13/22 to remind / track. Staff will be educated on this 9/13/22 when form is created. By 9/15/22, all new resident charts will be audited to ensure the assessments were completed timely. (DIRECTED: The completed checklists shall be reviewed by a designated staff person at least monthly. [redacted] 9/8/22).

Supervisor and Administrator will be responsible for this.

225a - Assessment 15 Days (continued)

DIRECTED: Within 15 calendar days of receipt of the plan of correction: A designated staff person shall review the records of all current residents to ensure each resident has an assessment, which is completed in its entirety, within 15 days of admission. [redacted] 9/8/22.

Completion Date: *09/15/2022*

Document Submission ***Implemented***

Unfortunately, the site administrator and supervisor didn't make sure that we redid the RASP and had all dates entered. We worked with prior supervisor that knew him to complete the RASP..and we didn't add dates and sign as well as them. The RASP was finished/updated on 8/30/22.

To ensure future compliance, when residents are admitted we will have a tracker and count out 15 days to ensure assessment is done and dates entered. We will create the form by 9/13/22 to remind / track. Staff will be educated on this 9/13/22 when form is created. By 9/15/22, all new resident charts will be audited to ensure the assessments were completed timely. (DIRECTED: The completed checklists shall be reviewed by a designated staff person at least monthly. [redacted] 9/8/22).

Supervisor and Administrator will be responsible for this.

DIRECTED: Within 15 calendar days of receipt of the plan of correction: A designated staff person shall review the records of all current residents to ensure each resident has an assessment, which is completed in its entirety, within 15 days of admission. [redacted] 9/8/22.

227a - Support Plan 30 Days

1. Requirements

2600.
227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident #2's initial support plan does not include the date of resident #2's admission to the home, or the date the support plan was finalized. Resident #2 was admitted to the home on [redacted]

Plan of Correction ***Directed***

Unfortunately, the site administrator and supervisor didn't make sure that we redid the RASP and had all dates entered. We worked with prior supervisor that knew him to complete the RASP..and we didn't add dates and sign as well as them. The RASP was finished/updated on 8/30/22.

To ensure future compliance, when residents are admitted we will have a tracker and count out 30 days to ensure assessment is done and dates entered. We will create the form by 9/13/22 to remind / track. Staff will be educated on this 9/13/22 when form is created. By 9/30/22, all new resident charts will be audited to ensure the support plans were completed timely. (DIRECTED: The tracker shall also include the tracking of resident support plans to ensure a support plan is completed within 30 days of admission for all newly-admitted residents. The completed checklists shall be reviewed by a designated staff person at least monthly. [redacted] 9/8/22).

227a - Support Plan 30 Days (continued)

Supervisor and Administrator will be responsible for this.

DIRECTED: Within 15 calendar days of receipt of the plan of correction: A designated staff person shall review the records of all current residents to ensure each resident has a support plan, which is completed in its entirety, within 30 days of admission. [redacted] *9/8/22.*

Completion Date: *09/30/2022*

Document Submission ***Implemented***

Unfortunately, the site administrator and supervisor didn't make sure that we redid the RASP and had all dates entered. We worked with prior supervisor that knew him to complete the RASP..and we didn't add dates and sign as well as them. The RASP was finished/updated on 8/30/22.

To ensure future compliance, when residents are admitted we will have a tracker and count out 30 days to ensure assessment is done and dates entered. We will create the form by 9/13/22 to remind / track. Staff will be educated on this 9/13/22 when form is created. By 9/30/22, all new resident charts will be audited to ensure the support plans were completed timely. (DIRECTED: The tracker shall also include the tracking of resident support plans to ensure a support plan is completed within 30 days of admission for all newly-admitted residents. The completed checklists shall be reviewed by a designated staff person at least monthly. [redacted] *9/8/22).*

Supervisor and Administrator will be responsible for this.

DIRECTED: Within 15 calendar days of receipt of the plan of correction: A designated staff person shall review the records of all current residents to ensure each resident has a support plan, which is completed in its entirety, within 30 days of admission. [redacted] *9/8/22.*