

Department of Human Services  
Bureau of Human Service Licensing

October 26, 2022

[REDACTED], CEO  
[REDACTED]  
[REDACTED]

RE:      QUARTERS AT THE SHOOK  
          55 SOUTH SECOND STREET  
          CHAMBERSBURG, PA, 17201  
          LICENSE/COC#: 35554

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/02/2022, 08/03/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
[REDACTED]  
[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: *QUARTERS AT THE SHOOK* License #: *35554* License Expiration: *06/17/2023*  
Address: *55 SOUTH SECOND STREET, CHAMBERSBURG, PA 17201*  
County: *FRANKLIN* Region: *CENTRAL*

**Administrator**

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

**Legal Entity**

Name: *THE SHOOK HOME*  
Address: [REDACTED]  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-1* Date: *10/01/1994* Issued By: *Dept of Health*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *39* Waking Staff: *29*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal, Incident* Exit Conference Date: *08/03/2022*

**Inspection Dates and Department Representative**

08/02/2022 - On-Site: [REDACTED]  
08/03/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *45* Residents Served: *35*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *0*

**Number of Residents Who:**

Receive Supplemental Security Income: *11* Are 60 Years of Age or Older: *34*  
Diagnosed with Mental Illness: *17* Diagnosed with Intellectual Disability: *3*  
Have Mobility Need: *4* Have Physical Disability: *0*

**Inspections / Reviews**

**08/02/2022 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/22/2022*

Inspections / Reviews *(continued)*

09/21/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/28/2022*

09/27/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *10/04/2022*

10/25/2022 - Document Submission

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

63a - First Aid/CPR Training

1. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On 7/18/22, from 2:00 PM to 10:00 PM 35 residents were present in the home. During this time period, no staff that were working in the home were certified in First Aid and CPR.

On 7/26/22, from 2:00 PM to 10:00 PM 35 residents were present in the home. During this time period, no staff that were working in the home were certified in First Aid and CPR.

Plan of Correction

Accept

- The Director of Corporate Compliance contracted with an outside agency to complete trainings on first aid and CPR 9/1/2022.
- The Personal Care Home Administrator drafted a policy expressly stating at least one staff person who is trained in First Aid and certified in obstructed airway techniques and CPR shall be present in the home at all times on 9/7/2022.
  - The Personal Care Home Administrator will educate all staff on the policy requiring at least one staff person who is trained in First Aid and certified in obstructed airway techniques and CPR be present in the home at all times effective 9/23/2022.
  - The Personal Care Home Administrator will cause all current staff to be scheduled for training in First Aid and certified in obstructed airway techniques and CPR by 10/17/2022.
  - The Personal Care Home Administrator will cause all new hires to be trained in First Aid and certified in obstructed airway techniques and CPR as soon as practicable after onboarding Starting 9/21/2022.
  - The Personal Care Home Administrator will schedule at least one staff person who is trained in First Aid and certified in obstructed airway techniques and CPR per shift each day, seven days per week 9/21/2022.
  - The Director of Corporate Compliance will audit all staffs' First Aid and CPR certification expiration dates monthly to ensure they are current starting 10/1/2022.
  - The Personal Care Home Administrator will educate all staff on the policy requiring at least one staff person who is trained in First Aid and certified in obstructed airway techniques and CPR be present in the home at all times effective 9/23/2022.
  - The Personal Care Home Administrator will cause all current staff to be scheduled for training in First Aid and certified in obstructed airway techniques and CPR by 10/17/2022.
  - The Director of Corporate Compliance will audit the schedule daily to ensure at least one staff person who is trained in First Aid and certified in obstructed airway techniques and CPR is present in the home at all times starting 10/1/2022.
  - The Director of Corporate Compliance will report the results of the audits to the Quality Assurance/Performance Improvement Committee monthly to ensure the solutions are sustained over time. (The Quality Assurance/Performance Improvement Committee reviews all deficiencies monthly by having Quality Assurance/Performance Improvement Committee members gather proof/information and present it to the Quality Assurance/Performance Improvement Committee to show it is still in compliance). The audits will continue until no longer deemed necessary by the Committee starting 10/1/2022.

63a - First Aid/CPR Training (continued)

**Completion Date:** 10/17/2022

**Document Submission**

**Implemented**

- *The Director of Corporate Compliance contracted with an outside agency to complete trainings on first aid and CPR 9/1/2022.*
- *The Personal Care Home Administrator drafted a policy expressly stating at least one staff person who is trained in First Aid and certified in obstructed airway techniques and CPR shall be present in the home at all times on 9/7/2022.*
  - *The Personal Care Home Administrator will educate all staff on the policy requiring at least one staff person who is trained in First Aid and certified in obstructed airway techniques and CPR be present in the home at all times effective 9/23/2022.*
  - *The Personal Care Home Administrator will cause all current staff to be scheduled for training in First Aid and certified in obstructed airway techniques and CPR by 10/17/2022.*
  - *The Personal Care Home Administrator will cause all new hires to be trained in First Aid and certified in obstructed airway techniques and CPR as soon as practicable after onboarding Starting 9/21/2022.*
  - *The Personal Care Home Administrator will schedule at least one staff person who is trained in First Aid and certified in obstructed airway techniques and CPR per shift each day, seven days per week 9/21/2022.*
  - *The Director of Corporate Compliance will audit all staffs' First Aid and CPR certification expiration dates monthly to ensure they are current starting 10/1/2022.*
  - *The Personal Care Home Administrator will educate all staff on the policy requiring at least one staff person who is trained in First Aid and certified in obstructed airway techniques and CPR be present in the home at all times effective 9/23/2022.*
  - *The Personal Care Home Administrator will cause all current staff to be scheduled for training in First Aid and certified in obstructed airway techniques and CPR by 10/17/2022.*
  - *The Director of Corporate Compliance will audit the schedule daily to ensure at least one staff person who is trained in First Aid and certified in obstructed airway techniques and CPR is present in the home at all times starting 10/1/2022.*
  - *The Director of Corporate Compliance will report the results of the audits to the Quality Assurance/Performance Improvement Committee monthly to ensure the solutions are sustained over time. (The Quality Assurance/Performance Improvement Committee reviews all deficiencies monthly by having Quality Assurance/Performance Improvement Committee members gather proof/information and present it to the Quality Assurance/Performance Improvement Committee to show it is still in compliance). The audits will continue until no longer deemed necessary by the Committee starting 10/1/2022.*

81b - Resident Personal Equipment

1. Requirements

81b - Resident Personal Equipment (*continued*)

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

**Description of Violation**

*The FDA Guidelines concerning bed rails and enablers states the acceptable opening for a bed rail or enabler should be less than 120 mm (4 ¾ inches) and if the opening exceeds these dimensions, the bed rail or enabler must be covered.*

*On 8/2/22 at approximately 10:29 AM, there was an enabler bar installed on Resident 1's bed, with an opening measuring approximately 8 ½ Inches wide. This enabler bar was not covered and poses a potential entrapment hazard to the resident.*

**Plan of Correction**

**Accept**

- *Resident 1's enabler bar was immediately covered By Personal Care Home Administrator 8/2/2022.*
- *The Personal Care Home Administrator will draft policy expressly stating the opening for bed rails and enabler bars installed on residents' beds must conform to the FDA Guidelines by 9/7/2022.*
- *The Personal Care Home Administrator will educate the Director of Plant Operations and the Environmental Services Technician responsible for installing side rails and enabler bars on the policy. An emphasis will be placed on covering side rails and enabler bars installed on residents' beds in which the opening exceeds 120 mm (4 ¾ inches) on 9/7/2022.*
- *The Director of Plant Operations conducted a one-time whole house audit of all residents who have bed rails or enabler bars installed on their beds to ensure devices in which the opening exceeds 120 mm (4 ¾ inches) were covered 9/7/2022.*
- *The Director of Plant Operations will cover newly ordered bed rails or enabler bars in which the opening exceeds 120 mm (4 ¾ inches) starting 9/2022.*
- *The Director of Plant Operations will conduct a monthly audit of all residents who have bed rails or enabler bars installed on their beds to ensure devices in which the opening exceeds 120 mm (4 ¾ inches) are covered starting 10/1/2022.*
- *The Director of Plant Operations will report the results of the audits to the Quality Assurance/Performance Improvement Committee monthly to ensure the solutions are sustained over time. (The Quality Assurance/Performance Improvement Committee reviews all deficiencies monthly by having Quality Assurance/Performance Improvement Committee members gather proof/information and present it to the Quality Assurance/Performance Improvement Committee to show it is still in compliance). The audits will continue until no longer deemed necessary by the Committee starting 10/1/2022.*

**Completion Date:** 10/17/2022

81b - Resident Personal Equipment (continued)

<b>Document Submission</b>	<b>Implemented</b>
<ul style="list-style-type: none"> <li>• Resident 1's enabler bar was immediately covered By Personal Care Home Administrator 8/2/2022.</li> <li>• The Personal Care Home Administrator will draft policy expressly stating the opening for bed rails and enabler bars installed on residents' beds must conform to the FDA Guidelines by 9/7/2022.</li> <li>• The Personal Care Home Administrator will educate the Director of Plant Operations and the Environmental Services Technician responsible for installing side rails and enabler bars on the policy. An emphasis will be placed on covering side rails and enabler bars installed on residents' beds in which the opening exceeds 120 mm (4 ¾ inches) on 9/7/2022.</li> <li>• The Director of Plant Operations conducted a one-time whole house audit of all residents who have bed rails or enabler bars installed on their beds to ensure devices in which the opening exceeds 120 mm (4 ¾ inches) were covered 9/7/2022.</li> <li>• The Director of Plant Operations will cover newly ordered bed rails or enabler bars in which the opening exceeds 120 mm (4 ¾ inches) starting 9/2022.</li> <li>• The Director of Plant Operations will conduct a monthly audit of all residents who have bed rails or enabler bars installed on their beds to ensure devices in which the opening exceeds 120 mm (4 ¾ inches) are covered starting 10/1/2022.</li> <li>• The Director of Plant Operations will report the results of the audits to the Quality Assurance/Performance Improvement Committee monthly to ensure the solutions are sustained over time. (The Quality Assurance/Performance Improvement Committee reviews all deficiencies monthly by having Quality Assurance/Performance Improvement Committee members gather proof/information and present it to the Quality Assurance/Performance Improvement Committee to show it is still in compliance). The audits will continue until no longer deemed necessary by the Committee starting 10/1/2022.</li> </ul>	

103i - Outdated Food

1. Requirements

2600.  
103.i. Outdated or spoiled food or dented cans may not be used.

**Description of Violation**

On 08/02/22 at approximately 10:32 AM in the kitchen's dry storage area, Sysco Cherry Gelatin Packages approximately 12 / 24oz Packages in three separate boxes were observed and were not not labeled with a date.

On 08/02/22 at approximately 10:32 AM in the kitchen's dry storage area, two dented cans of Royalty Fruit Cocktail and 2 cans of Sysco Classic Sliced Peaches were observed regularly stored with non-dented items.

103i - Outdated Food (continued)

**Plan of Correction**

**Accept**

- The twelve undated 24 oz packages of Sysco Cherry Gelatin were discarded by the Director of Dietary Services on 8/2/2022.
- The two dented cans of Royalty Fruit Cocktail and the two dented cans of Sysco Sliced Peaches were discarded by Director of Dietary Services 8/2/2022.
- The Director of Dietary Services will draft a policy expressly stating outdated or spoiled food or dented cans may not be used. Specifically, the policy will assert that food containers must be labeled with a date (e.g., the manufacturer's expiration date or the date they were opened), and dented cans cannot be stored with non-dented items pending the former's return to the distributor by 9/7/2022.
- The Director of Dietary Services will educate all Dietary staff on the policy by 10/1/2022.
- The Director of Dietary Services will conduct an initial audit of the kitchen's dry storage area to ensure all food is labeled with a date (e.g., the manufacturer's expiration date or the date they were opened) and that they are not expired, and dented cans are not regularly stored with non-dented items by 9/1/2022.
- The Director of Dietary Services will conduct a weekly audit of the kitchen's dry storage area to ensure all food is labeled with a date (e.g., the manufacturer's expiration date or the date they were opened) and that they are not expired, and dented cans are not regularly stored with non-dented items starting 9/1/2022.
- The Director of Plant Operations will report the results of the audits to the Quality Assurance/Performance Improvement Committee monthly to ensure the solutions are sustained over time. (The Quality Assurance/Performance Improvement Committee reviews all deficiencies monthly by having Quality Assurance/Performance Improvement Committee members gather proof/information and present it to the Quality Assurance/Performance Improvement Committee to show it is still in compliance). The audits will continue until no longer deemed necessary by the Committee starting 10/1/2022.

**Completion Date:** 10/17/2022

**Document Submission**

**Implemented**

- The twelve undated 24 oz packages of Sysco Cherry Gelatin were discarded by the Director of Dietary Services on 8/2/2022.
- The two dented cans of Royalty Fruit Cocktail and the two dented cans of Sysco Sliced Peaches were discarded by Director of Dietary Services 8/2/2022.
- The Director of Dietary Services will draft a policy expressly stating outdated or spoiled food or dented cans may not be used. Specifically, the policy will assert that food containers must be labeled with a date (e.g., the manufacturer's expiration date or the date they were opened), and dented cans cannot be stored with non-dented items pending the former's return to the distributor by 9/7/2022.
- The Director of Dietary Services will educate all Dietary staff on the policy by 10/1/2022.
- The Director of Dietary Services will conduct an initial audit of the kitchen's dry storage area to ensure all food is labeled with a date (e.g., the manufacturer's expiration date or the date they were opened) and that they are not expired, and dented cans are not regularly stored with non-dented items by 9/1/2022.

**103i - Outdated Food (continued)**

- *The Director of Dietary Services will conduct a weekly audit of the kitchen’s dry storage area to ensure all food is labeled with a date (e.g., the manufacturer’s expiration date or the date they were opened) and that they are not expired, and dented cans are not regularly stored with non-dented items starting 9/1/2022.*
- *The Director of Plant Operations will report the results of the audits to the Quality Assurance/Performance Improvement Committee monthly to ensure the solutions are sustained over time. (The Quality Assurance/Performance Improvement Committee reviews all deficiencies monthly by having Quality Assurance/Performance Improvement Committee members gather proof/information and present it to the Quality Assurance/Performance Improvement Committee to show it is still in compliance). The audits will continue until no longer deemed necessary by the Committee starting 10/1/2022.*

**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**

*A supervised fire safety inspection and fire drill was last conducted at the home by a fire safety expert on 10/24/19.*

**Plan of Correction**

**Accept**

- *The Personal Care Home Administrator will draft a policy expressly stating a fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. The policy will further state that documentation of this fire safety inspection and fire drill shall be kept 9/7/2022.*
- *The Personal Care Home Administrator will educate the Director of Plant Operations on the policy 10/1/2022.*
- *Director of Plant Operations will schedule an onsite fire safety inspection and fire drill conducted by a fire safety expert by 10/17/2022.*
- *The Personal Care Home Administrator will conduct an annual audit to ensure that a fire safety inspection and fire drill conducted by a fire safety expert was completed every twelve months Starting 10/1/2022.*
- *The Personal Care Home Administrator will report the results of the audits to the Quality Assurance/Performance Improvement Committee monthly to ensure the solutions are sustained over time. (The Quality Assurance/Performance Improvement Committee reviews all deficiencies monthly by having Quality Assurance/Performance Improvement Committee members gather proof/information and present it to the Quality Assurance/Performance Improvement Committee to show it is still in compliance). The audits will continue until no longer deemed necessary by the Committee starting 10/1/2022.*

**Completion Date:** 10/17/2022

132b - Safety Inspection/Fire Drill (continued)

**Document Submission**

**Implemented**

- *The Personal Care Home Administrator will draft a policy expressly stating a fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. The policy will further state that documentation of this fire safety inspection and fire drill shall be kept 9/7/2022.*
- *The Personal Care Home Administrator will educate the Director of Plant Operations on the policy 10/1/2022.*
- *Director of Plant Operations will schedule an onsite fire safety inspection and fire drill conducted by a fire safety expert by 10/17/2022.*
- *The Personal Care Home Administrator will conduct an annual audit to ensure that a fire safety inspection and fire drill conducted by a fire safety expert was completed every twelve months Starting 10/1/2022.*
- *The Personal Care Home Administrator will report the results of the audits to the Quality Assurance/Performance Improvement Committee monthly to ensure the solutions are sustained over time. (The Quality Assurance/Performance Improvement Committee reviews all deficiencies monthly by having Quality Assurance/Performance Improvement Committee members gather proof/information and present it to the Quality Assurance/Performance Improvement Committee to show it is still in compliance). The audits will continue until no longer deemed necessary by the Committee starting 10/1/2022.*

132d - Evacuation

**1. Requirements**

2600.

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**

*A fire drill conducted on 5/26/22 at 03:00, was completed in 9 minutes and 29 seconds, exceeding the maximum safe evacuation time of 8 minutes specified by a safety expert.*

**Plan of Correction**

**Accept**

- *The Personal Care Home Administrator will educate all current residents on the fire evacuation procedure by 10/17/2022.*
- *The Personal Care Home Administrator will draft a policy requiring the fire evacuation procedure be included on the New Resident Admission Checklist to ensure the fire evacuation procedure is reviewed with new residents at the time of admission 9/7/2022.*
- *The Personal Care Home Administrator will update the New Resident Admission Checklist to include the fire evacuation procedure by 10/17/2022.*
- *The Personal Care Home Administrator will educate the LPNs responsible for admitting new residents on the policy 9/23/2022.*
- *The Personal Care Home Administrator will review the fire evacuation procedure monthly at the regularly scheduled Residents' Council Meeting starting 9/28/2022.*
- *Therapy Manager will incorporate reviewing the fire evacuation procedure with residents on caseload as part of their therapy treatment starting 9/1/2022.*
- *The Personal Care Home Administrator will audit the Fire Drill Logs monthly to ensure residents evacuated 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 starting 10/1/2022.*

132d - Evacuation (continued)

- The Personal Care Home Administrator will cause failed fire drills to be repeated as soon as practicable following education to applicable parties based on the root cause of the failure. This process will repeat itself until 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 9/1/2022.
- The Personal Care Home Administrator will report the results of the audits to the Quality Assurance/Performance Improvement Committee monthly to ensure the solutions are sustained over time. (The Quality Assurance/Performance Improvement Committee reviews all deficiencies monthly by having Quality Assurance/Performance Improvement Committee members gather proof/information and present it to the Quality Assurance/Performance Improvement Committee to show it is still in compliance). The audits will continue until no longer deemed necessary by the Committee starting 10/1/2022.

**Completion Date:** 10/17/2022

**Document Submission**

**Implemented**

- The Personal Care Home Administrator will educate all current residents on the fire evacuation procedure by 10/17/2022.
- The Personal Care Home Administrator will draft a policy requiring the fire evacuation procedure be included on the New Resident Admission Checklist to ensure the fire evacuation procedure is reviewed with new residents at the time of admission 9/7/2022.
- The Personal Care Home Administrator will update the New Resident Admission Checklist to include the fire evacuation procedure by 10/17/2022.
- The Personal Care Home Administrator will educate the LPNs responsible for admitting new residents on the policy 9/23/2022.
- The Personal Care Home Administrator will review the fire evacuation procedure monthly at the regularly scheduled Residents' Council Meeting starting 9/28/2022.
- Therapy Manager will incorporate reviewing the fire evacuation procedure with residents on caseload as part of their therapy treatment starting 9/1/2022.
- The Personal Care Home Administrator will audit the Fire Drill Logs monthly to ensure residents evacuated 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 starting 10/1/2022.
- The Personal Care Home Administrator will cause failed fire drills to be repeated as soon as practicable following education to applicable parties based on the root cause of the failure. This process will repeat itself until 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 9/1/2022.
- The Personal Care Home Administrator will report the results of the audits to the Quality Assurance/Performance Improvement Committee monthly to ensure the solutions are sustained over time. (The Quality Assurance/Performance Improvement Committee reviews all deficiencies monthly by having Quality Assurance/Performance Improvement Committee members gather proof/information and present it to the Quality Assurance/Performance Improvement Committee to show it is still in compliance). The audits will continue until no longer deemed necessary by the Committee starting 10/1/2022.

181f - Record of Medication

1. Requirements

2600.

181.f. The resident's record shall include a current list of prescription, CAM and OTC medications for each resident who is self-administering his medication.

Description of Violation

On 6/18/22 Resident 3 was prescribed [REDACTED], this medication was not found listed on the MAR.

On 4/12/22 Resident 3 was prescribed [REDACTED] unsupervised self-administration may take [REDACTED] or a whole tab at HS daily. On 6/8/22 Resident 3 was prescribed [REDACTED] unsupervised self-administration. These medications were listed on the MAR, but were not available in the home.

On 6/18/22, Resident 3 was prescribed [REDACTED] take 1 tablet by mouth at bedtime. Substituted for [REDACTED]. This medication was found in the room but not listed on the MAR for the 06/18/22 date.

Plan of Correction

Accept

- Resident 3's physician discontinued the one [REDACTED] order and the [REDACTED] orders 8/11/2022.
- Resident 3's existing prescription for [REDACTED] for [REDACTED] was made available in the home 8/3/2022.
- The Personal Care Home Administrator will draft a policy requiring all LPNs and Medication Technicians to reconcile incoming medications received from outside pharmacies against the MAR 9/7/2022.
- The Personal Care Home Administrator will educate all LPNs and Medication Technicians on the policy 9/23/2022.
- The Personal Care Home Administrator will educate all residents who self-administer medications, as well as their responsible parties, to submit all documentation received from third party medical providers including, but not limited to, documentation on medication changes by 10/17/2022.
- The Personal Care Home Administrator will conduct an initial audit of all residents who self-administer their medications to ensure the medications kept in the residents' rooms match the MARs starting 10/1/2022.
- The Personal Care Home Administrator will conduct monthly audits of all residents who self-administer their medications to ensure the medications kept in the residents' rooms match the MARs starting 10/1/2022.
- The Personal Care Home Administrator will report the results of the audits to the Quality Assurance/Performance Improvement Committee monthly to ensure the solutions are sustained over time. (The Quality Assurance/Performance Improvement Committee reviews all deficiencies monthly by having Quality Assurance/Performance Improvement Committee members gather proof/information and present it to the Quality Assurance/Performance Improvement Committee to show it is still in compliance). The audits will continue until no longer deemed necessary by the Committee 10/1/2022.

Completion Date: 10/17/2022

Document Submission

Implemented

- Resident 3's physician discontinued the one [REDACTED] 8/11/2022 order and the t [REDACTED] orders 8/11/2022.
- Resident 3's existing prescription for [REDACTED] was made available in the home 8/3/2022.
- The Personal Care Home Administrator will draft a policy requiring all LPNs and Medication Technicians to reconcile incoming medications received from outside pharmacies against the MAR 9/7/2022.
- The Personal Care Home Administrator will educate all LPNs and Medication Technicians on the policy 9/23/2022.
- The Personal Care Home Administrator will educate all residents who self-administer medications, as well as their

**181f - Record of Medication (continued)**

responsible parties, to submit all documentation received from third party medical providers including, but not limited to, documentation on medication changes by 10/17/2022.

- The Personal Care Home Administrator will conduct an initial audit of all residents who self-administer their medications to ensure the medications kept in the residents' rooms match the MARs starting 10/1/2022.
- The Personal Care Home Administrator will conduct monthly audits of all residents who self-administer their medications to ensure the medications kept in the residents' rooms match the MARs starting 10/1/2022.
- The Personal Care Home Administrator will report the results of the audits to the Quality Assurance/Performance Improvement Committee monthly to ensure the solutions are sustained over time. (The Quality Assurance/Performance Improvement Committee reviews all deficiencies monthly by having Quality Assurance/Performance Improvement Committee members gather proof/information and present it to the Quality Assurance/Performance Improvement Committee to show it is still in compliance). The audits will continue until no longer deemed necessary by the Committee 10/1/2022.

**183f - Discontinued Medications**

**1. Requirements**

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

**Description of Violation**

Resident 2 was prescribed [REDACTED], 1 tablet by mouth, every 6 hours as needed for [REDACTED]. The medication card containing medication located in resident's room shows that medication expired 01/22.

Resident 2 was prescribed was prescribed [REDACTED], take 1 tablet by mouth, every 6 hours as needed for [REDACTED]. The medication card containing medication, located in resident's room shows the medication expired 01/22.

**Plan of Correction**

**Accept**

- Resident's 2's expired medication was removed from [REDACTED] room and destroyed per Facility policy. Replacement medications were ordered 8/2/2022.
- The Personal Care Home Administrator will develop a policy stating that medications kept in the rooms of self-administering residents may not exceed the expiration dates 9/7/2022.
- The Personal Care Home Administrator will educate all LPNs and Medication technicians on the policy 9/23/2022.
- The Personal Care Home Administrator will educate all existing residents who self-administer medications that the medications kept in their rooms may not exceed the expiration dates by 10/17/2022.
- The Personal Care Home Administrator will educate new residents who self-administer medications or existing residents who receive new orders to self-administer medications that the medications kept in their rooms may not exceed the expiration dates by 10/17/2022.
- The Personal Care Home Administrator will conduct monthly audits of all residents who self-administer their medications to ensure the medications kept in the residents' rooms do not exceed the expiration dates by 10/17/2022.

183f - Discontinued Medications (continued)

- Medications found to be expired will be immediately removed from the room and returned to the responsible party or destroyed per facility policy. Replacement medications will also be ordered effective 10/17/2022.
- The Personal Care Home Administrator will report the results of the audits to the Quality Assurance/Performance Improvement Committee monthly to ensure the solutions are sustained over time. (The Quality Assurance/Performance Improvement Committee reviews all deficiencies monthly by having Quality Assurance/Performance Improvement Committee members gather proof/information and present it to the Quality Assurance/Performance Improvement Committee to show it is still in compliance). The audits will continue until no longer deemed necessary by the Committee starting 10/1/2022.

Completion Date: 10/17/2022

Document Submission

Implemented

- Resident's 2's expired medication was removed from [redacted] room and destroyed per Facility policy. Replacement medications were ordered 8/2/2022.
- The Personal Care Home Administrator will develop a policy stating that medications kept in the rooms of self-administering residents may not exceed the expiration dates 9/7/2022.
- The Personal Care Home Administrator will educate all LPNs and Medication technicians on the policy 9/23/2022.
- The Personal Care Home Administrator will educate all existing residents who self-administer medications that the medications kept in their rooms may not exceed the expiration dates by 10/17/2022.
- The Personal Care Home Administrator will educate new residents who self-administer medications or existing residents who receive new orders to self-administer medications that the medications kept in their rooms may not exceed the expiration dates by 10/17/2022.
- The Personal Care Home Administrator will conduct monthly audits of all residents who self-administer their medications to ensure the medications kept in the residents' rooms do not exceed the expiration dates by 10/17/2022.
- Medications found to be expired will be immediately removed from the room and returned to the responsible party or destroyed per facility policy. Replacement medications will also be ordered effective 10/17/2022.
- The Personal Care Home Administrator will report the results of the audits to the Quality Assurance/Performance Improvement Committee monthly to ensure the solutions are sustained over time. (The Quality Assurance/Performance Improvement Committee reviews all deficiencies monthly by having Quality Assurance/Performance Improvement Committee members gather proof/information and present it to the Quality Assurance/Performance Improvement Committee to show it is still in compliance). The audits will continue until no longer deemed necessary by the Committee starting 10/1/2022.

183f - Discontinued Medications (continued)

190a - Completion Medication Course

1. Requirements

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

*Staff Member F's training record shows that they last completed the Medication Administration Training on 4/25/2020 based on the Medication Administration certificate included in the record. The training record did not include documentation showing that the Initial Medication Administration Training was completed.*

Plan of Correction

Accept

- *Staff Member F will be scheduled for a Department-approved medications administration course that includes the passing of the Department's performance-based competency test to fulfill the annual education requirement by the Personal Care Home Administer by 10/17/2022.*
- *All staff persons serving as Medication Technicians will be scheduled for a Department-approved medications administration course that includes the passing of the Department's performance-based competency to fulfill the annual education requirement by 10/17/2022.*
- *The Personal Care Home Administrator will draft a policy requiring staff persons serving as Medication Technicians to successfully complete a Department-approved medications administration course that includes the passing of the Department's performance-based competency test annually 9/7/2022.*
- *The Personal Care Home Administrator will educate all staff persons serving as Medication Technicians on the policy 9/23/2022.*
- *The Director of Corporate Compliance will audit staff persons serving as Medication Technicians to ensure they successfully complete a Department-approved medications administration course that includes the passing of the Department's performance-based competency annually starting 10/1/2022.*
- *The Director of Corporate Compliance will report the results of the audits to the Quality Assurance/Performance Improvement Committee monthly to ensure the solutions are sustained over time. (The Quality Assurance/Performance Improvement Committee reviews all deficiencies monthly by having Quality Assurance/Performance Improvement Committee members gather proof/information and present it to the Quality Assurance/Performance Improvement Committee to show it is still in compliance). The audits will continue until no longer deemed necessary by the Committee starting 10/1/2022.*

Completion Date: 10/17/2022

190a - Completion Medication Course (continued)

Document Submission

Implemented

- Staff Member F will be scheduled for a Department-approved medications administration course that includes the passing of the Department’s performance-based competency test to fulfill the annual education requirement by the Personal Care Home Administer by 10/17/2022.
- All staff persons serving as Medication Technicians will be scheduled for a Department-approved medications administration course that includes the passing of the Department’s performance-based competency to fulfill the annual education requirement by 10/17/2022.
- The Personal Care Home Administrator will draft a policy requiring staff persons serving as Medication Technicians to successfully complete a Department-approved medications administration course that includes the passing of the Department’s performance-based competency test annually 9/7/2022.
- The Personal Care Home Administrator will educate all staff persons serving as Medication Technicians on the policy 9/23/2022.
- The Director of Corporate Compliance will audit staff persons serving as Medication Technicians to ensure they successfully complete a Department-approved medications administration course that includes the passing of the Department’s performance-based competency annually starting 10/1/2022.
- The Director of Corporate Compliance will report the results of the audits to the Quality Assurance/Performance Improvement Committee monthly to ensure the solutions are sustained over time. (The Quality Assurance/Performance Improvement Committee reviews all deficiencies monthly by having Quality Assurance/Performance Improvement Committee members gather proof/information and present it to the Quality Assurance/Performance Improvement Committee to show it is still in compliance). The audits will continue until no longer deemed necessary by the Committee starting 10/1/2022.

252 - Record Content

1. Requirements

2600.

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

Description of Violation

Resident 4's record does not include a dated picture.

Plan of Correction

Accept

- Resident’s 4’s picture was labeled with the year [redacted] on [redacted] by the Personal Care Home Administrator.
- The Personal Care Home Administrator conducted an initial audit of all residents’ records to ensure each of their pictures was labeled with the year [redacted].
- The Personal Care Home Administrator will draft a policy requiring the New Admission Checklist to include dating the resident’s picture with the year [redacted].
- The Personal Care Home Administrator will educate all LPNs and Medication Technicians on the policy 9/23/2022.
- The Personal Care Home Administrator will conduct a quarterly audit of all residents’ records to ensure each of their pictures is labeled with the year starting 10/17/2022.
- The Personal Care Home Administrator will report the results of the audits to the Quality Assurance/Performance Improvement Committee monthly to ensure the solutions are sustained over time. (The Quality Assurance/Performance Improvement Committee reviews all deficiencies monthly by having Quality

252 - Record Content (continued)

Assurance/Performance Improvement Committee members gather proof/information and present it to the Quality Assurance/Performance Improvement Committee to show it is still in compliance). The audits will continue until no longer deemed necessary by the Committee starting 10/1/2022.

**Completion Date:** 10/17/2022

<b>Document Submission</b>	<b>Implemented</b>
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- Resident's 4's picture was labeled with the year [REDACTED] by the Personal Care Home Administrator.
- The Personal Care Home Administrator conducted an initial audit of all residents' records to ensure each of their pictures was labeled with the year [REDACTED]
- The Personal Care Home Administrator will draft a policy requiring the New Admission Checklist to include dating the resident's picture with the year [REDACTED].
- The Personal Care Home Administrator will educate all LPNs and Medication Technicians on the policy 9/23/2022.
- The Personal Care Home Administrator will conduct a quarterly audit of all residents' records to ensure each of their pictures is labeled with the year starting 10/17/2022.
- The Personal Care Home Administrator will report the results of the audits to the Quality Assurance/Performance Improvement Committee monthly to ensure the solutions are sustained over time. (The Quality Assurance/Performance Improvement Committee reviews all deficiencies monthly by having Quality Assurance/Performance Improvement Committee members gather proof/information and present it to the Quality Assurance/Performance Improvement Committee to show it is still in compliance). The audits will continue until no longer deemed necessary by the Committee starting 10/1/2022.