

Department of Human Services
Bureau of Human Service Licensing

September 7, 2022

[REDACTED]

WOODS SERVICES, INC.
469 E. MAPLE AVE.
ATTN [REDACTED]
LANGHORNE, PA, 19047

RE: BEECHWOOD CENTER 1
585 BEECHWOOD CIRCLE
LANGHORNE, PA, 19047
LICENSE/COC#: 12677

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/05/2022 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

Facility Information

Name: *BEECHWOOD CENTER 1* License #: *12677* License Expiration: *11/01/2022*
Address: *585 BEECHWOOD CIRCLE, LANGHORNE, PA 19047*
County: *BUCKS* Region: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *WOODS SERVICES, INC.*
Address: *469 E. MAPLE AVE., ATTN DAWN SHAFFER, LANGHORNE, PA, 19047*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-1* Date: *08/31/1984* Issued By: *CWOPA L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *9* Waking Staff: *7*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *08/05/2022*

Inspection Dates and Department Representative

08/05/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *8* Residents Served: *8*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *1* Are 60 Years of Age or Older: *4*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *1* Have Physical Disability: *1*

Inspections / Reviews

08/05/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/19/2022*

08/24/2022 - POC Submission

Inspections / Reviews *(continued)*

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *09/05/2022*

09/07/2022 - 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 8/5/22 the home's current license, dated November 1, 2021 to November 1, 2022, was not posted in a conspicuous and public place in the home.

On 8/5/22 the home's most recent license inspection summary, dated 6/25/2021, was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept

During a licensing inspection on 8/5/22 the home's current license, dated November 1, 2021 to November 1, 2022, was not posted in a conspicuous and public place in the home along with the home's most recent license inspection summary, dated 6/25/2021. It is important for these items to be posted as it permits the residents, families, and visitors to learn about applicable regulations and the regulatory compliance status of the home and the home's plan to correct any violations found. To ensure compliance, the Director of Accreditation, Licensing and Program Development will ensure that the current license inspection certificate and licensing inspection summary are uploaded to a folder on a shared accessible drive. The PCHA will be made aware when the updated document is available via e-mail. The PCHA will remove the outdated posted documents and replace them with the new ones. They will be posted in an area that is accessible to Residents and visitors for review. The PCHA of the home will ensure that it remains in place and accessible, by adding this field to the mandatory environmental forms submitted to the Assistant Director's monthly.

Completion Date: 09/01/2022

Document Submission

Implemented

During a licensing inspection on 8/5/22 the home's current license, dated November 1, 2021 to November 1, 2022, was not posted in a conspicuous and public place in the home along with the home's most recent license inspection summary, dated 6/25/2021. It is important for these items to be posted as it permits the residents, families, and visitors to learn about applicable regulations and the regulatory compliance status of the home and the home's plan to correct any violations found. To ensure compliance, the Director of Accreditation, Licensing and Program Development will ensure that the current license inspection certificate and licensing inspection summary are uploaded to a folder on a shared accessible drive. The PCHA will be made aware when the updated document is available via e-mail. The PCHA will remove the outdated posted documents and replace them with the new ones. They will be posted in an area that is accessible to Residents and visitors for review. The PCHA of the home will ensure that it remains in place and accessible, by adding this field to the mandatory environmental forms submitted to the Assistant Director's monthly.

20b1 - Financial Records

1. Requirements

2600.

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

1. The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

20b1 - Financial Records (continued)

Description of Violation

The home manages the finances for resident #1. However, the home only has a record of financial transactions for [REDACTED]

The home manages the finances for resident #2. However, the home only has a record of financial transactions for [REDACTED]

Plan of Correction

Accept

During a licensing inspection on 8/5/22 it was noted that the home only had a record of resident financial transactions for [REDACTED]. It is important to maintain transaction records to ensure that residents' funds are not misused, and protects the home from accusations of misuse of residents' funds. To meet compliance, the PCHA will be trained on the importance of keeping accurate Resident account ledgers. A system will be put into place by the Director of Community Residences that ensures the PCHA is checking for accuracy and signing the ledger when depositing and withdrawing funds for a Resident. The Assistant Director will complete monthly student savings audits, where they will check for both the Resident and the PCHA signature, as well as ensuring the balance is accurate. The Director of Community Residence will conduct random audits of the community home ledgers to ensure the audits are being conducted as specified above, and the ledger is filled out accurately and its' entirety.

Completion Date: 09/01/2022

Document Submission

Implemented

During a licensing inspection on 8/5/22 it was noted that the home only had a record of resident financial transactions for [REDACTED]. It is important to maintain transaction records to ensure that residents' funds are not misused, and protects the home from accusations of misuse of residents' funds. To meet compliance, the PCHA will be trained on the importance of keeping accurate Resident account ledgers. A system will be put into place by the Director of Community Residences that ensures the PCHA is checking for accuracy and signing the ledger when depositing and withdrawing funds for a Resident. The Assistant Director will complete monthly student savings audits, where they will check for both the Resident and the PCHA signature, as well as ensuring the balance is accurate. The Director of Community Residence will conduct random audits of the community home ledgers to ensure the audits are being conducted as specified above, and the ledger is filled out accurately and its' entirety.

20b8 - Quarterly Account

1. 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

Resident #1 has not received a quarterly account of financial transactions since [REDACTED]

Resident #2 has not received a quarterly account of financial transactions since [REDACTED]

Plan of Correction

Accept

During a licensing inspection on 8/5/22 it was noted that two resident's did not received a quarterly account of financial transactions since [REDACTED]. Providing itemized accounts allows the resident to review his/her financial transactions and verify their accuracy. To prevent a recurrence, the Personal Care Home Administrator will be (re) trained by their Assistant Director in the area of financial procedures and how to properly complete the steps of

20b8 - Quarterly Account (continued)

managing quarterly transactions. A quarterly Record of Financial Transaction procedures form will be implemented. This document will give a detailed account of when the quarterly report is due. In addition, it informs the PCHA aware of who to submit the document too, as well as how to acquire the financial information. The information will be captured and disseminated to families, guardians and/or funders. The Director of Community Residences in conjunction with Care Coordination will be responsible to ensure that both the Resident and responsible party receive the quarterly document.

Completion Date: 09/01/2022

Document Submission

Implemented

During a licensing inspection on 8/5/22 it was noted that two resident's did not received a quarterly account of financial transactions since [REDACTED]. Providing itemized accounts allows the resident to review his/her financial transactions and verify their accuracy. To prevent a recurrence, the Personal Care Home Administrator will be (re) trained by their Assistant Director in the area of financial procedures and how to properly complete the steps of managing quarterly transactions. A quarterly Record of Financial Transaction procedures form will be implemented. This document will give a detailed account of when the quarterly report is due. In addition, it informs the PCHA aware of who to submit the document too, as well as how to acquire the financial information. The information will be captured and disseminated to families, guardians and/or funders. The Director of Community Residences in conjunction with Care Coordination will be responsible to ensure that both the Resident and responsible party receive the quarterly document.

20b9 - Record Keeping

1. Requirements

2600.

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

9. A copy of the itemized account shall be kept in the resident's record.

Description of Violation

The last copy of the quarterly account of financial transactions in resident #1's record is for the period of [REDACTED]

The last copy of the quarterly account of financial transactions in resident #2's record is for the period of [REDACTED]

Plan of Correction

Accept

During a licensing inspection on 8/5/22 it was noted that two resident's did not have a quarterly account of financial transactions in their record since [REDACTED]. Keeping the quarterly accounts of financial transactions in the record permits review of required documents by residents and their designated persons. To prevent a recurrence, the Personal Care Home Administrator will be (re) trained by their Assistant Director in the area of financial procedures and how to properly complete the steps of managing quarterly transactions. A quarterly Record of Financial Transaction procedures form will be implemented. This document will give a detailed account of who is responsible for each step of the process to ensure that the quarterly report is provided by the PCHA to Administrative Support for scanning and uploading into the record.

Completion Date: 09/01/2022

20b9 - Record Keeping (continued)

Document Submission

Implemented

During a licensing inspection on 8/5/22 it was noted that two resident's did not have a quarterly account of financial transactions in their record since [REDACTED]. Keeping the quarterly accounts of financial transactions in the record permits review of required documents by residents and their designated persons. To prevent a recurrence, the Personal Care Home Administrator will be (re) trained by their Assistant Director in the area of financial procedures and how to properly complete the steps of managing quarterly transactions. A quarterly Record of Financial Transaction procedures form will be implemented. This document will give a detailed account of who is responsible for each step of the process to ensure that the quarterly report is provided by the PCHA to Administrative Support for scanning and uploading into the record.

25a - Written Contract and Review

1. Requirements

2600.

25.a. Prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.

Description of Violation

Resident #1, [REDACTED] does not have a resident-home contract.

Resident #2, [REDACTED] does not have a resident-home contract.

Plan of Correction

Accept

During a licensing inspection on 8/5/22 it was noted that two residents were admitted [REDACTED] and did not have a resident-home contract. A resident home contract is important as it specifies the obligations of the home to the resident and the resident to the home. To ensure that written contracts are obtained and reviewed within the specified timeframe regardless of the payer, the Director of Care Coordination provided a copy of the DHS regulations and reviewed these regulations related to Resident Home Contracts with the Contracts Department. The use of an internal transfer checklist will be utilized by Rehabilitation Care Coordinators (RCC) when an individual moves from one personal care home to another as a means of tracking all paperwork throughout the admission and transfer process. If at any point, documentation is not completed, the RCC will notify the Director of Care Coordination to assist with obtaining that record if they are unsuccessful in doing so on their own.

Completion Date: 08/19/2022

Document Submission

Implemented

During a licensing inspection on 8/5/22 it was noted that two residents were admitted [REDACTED] and did not have a resident-home contract. A resident home contract is important as it specifies the obligations of the home to the resident and the resident to the home. To ensure that written contracts are obtained and reviewed within the specified timeframe regardless of the payer, the Director of Care Coordination provided a copy of the DHS regulations and reviewed these regulations related to Resident Home Contracts with the Contracts Department. The use of an internal transfer checklist will be utilized by Rehabilitation Care Coordinators (RCC) when an individual moves from one personal care home to another as a means of tracking all paperwork throughout the admission and transfer process. If at any point, documentation is not completed, the RCC will notify the Director of Care Coordination to assist with obtaining that record if they are unsuccessful in doing so on their own.

41e - Signed Statement

1. Requirements

2600.

41.e. A statement signed by the resident and, if applicable, the resident’s designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident’s record.

Description of Violation

Resident #1's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

Resident #2's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

Plan of Correction

Accept

During a licensing inspection on 8/5/22 it was noted that two resident records did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures. It is important for these to be reviewed as it protects the home by verifying that residents have been informed of the rights and procedures for filing a complaint.

Resident rights and complaint procedures are reviewed with the participant annually and documentation of such is maintained in the participant’s record. Management review of the record following licensing survey identified signed documents in both noted files. Resident rights and complaint procedures were most recently reviewed with Resident #1 [redacted] Resident rights and complaint procedures were most recently reviewed with Resident #2 on [redacted].

Completion Date: 08/05/2022

Document Submission

Implemented

During a licensing inspection on 8/5/22 it was noted that two resident records did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures. It is important for these to be reviewed as it protects the home by verifying that residents have been informed of the rights and procedures for filing a complaint.

Resident rights and complaint procedures are reviewed with the participant annually and documentation of such is maintained in the participant’s record. Management review of the record following licensing survey identified signed documents in both noted files. Resident rights and complaint procedures were most recently reviewed with Resident #1 on [redacted]. Resident rights and complaint procedures were most recently reviewed with Resident #2 on [redacted].

53a - Qualifications

1. Requirements

2600.

- 53.a. The administrator shall have one of the following qualifications:
 1. A license as a registered nurse from the Department of State.
 2. An associate’s degree or 60 credit hours from an accredited college or university.
 3. A license as a licensed practical nurse from the Department of State and 1 year of work experience in a related field.
 4. A license as a nursing home administrator from the Department of State.
 5. For a home serving 8 or fewer residents, a general education development diploma or high school diploma and 2 years direct care or administrative experience in the human services field.

Description of Violation

On 8/5/22, the home was serving 8 residents. Staff person A the administrator does not have a US high school diploma

53a - Qualifications (continued)

or equivalent degree.

Plan of Correction

Accept

During a licensing inspection on 8/5/22 it was noted that the Personal Care Home Administrator's high school diploma was not from the US. It is important to ensure that the administrator has the necessary education and experience to successfully perform the duties and responsibilities required of the position. To ensure compliance, the administrator provided a US equivalent for submission. The equivalent will be submitted by the Director of Accreditation and Licensing to the regulatory licensing manager at BHSL for approval. The human resource recruiters for Beechwood NeuroRehab will additionally be (re) trained by management on the educational requirements for personal care home employees.

Completion Date: 09/01/2022

Document Submission

Implemented

During a licensing inspection on 8/5/22 it was noted that the Personal Care Home Administrator's high school diploma was not from the US. It is important to ensure that the administrator has the necessary education and experience to successfully perform the duties and responsibilities required of the position. To ensure compliance, the administrator provided a US equivalent for submission. The equivalent will be submitted by the Director of Accreditation and Licensing to the regulatory licensing manager at BHSL for approval. The human resource recruiters for Beechwood NeuroRehab will additionally be (re) trained by management on the educational requirements for personal care home employees.

101j7 - Lighting/Operable Lamp

1. Requirements

2600.

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

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

On 8/5/22, Resident #2 did not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept

During a licensing inspection on 8/5/22 it was noted that a resident did not have access to a source of light that can be turned on/off at bedside. The lamp was present but happened to be unplugged. It is important to provide residents with sufficient light to move safely around their room in the dark, reducing the risk of falls and injury. To ensure the health and safety of the Residents we serve, housekeeping /LST's will be trained to ensure that bedside lamps are plugged in to an electrical socket after deep cleaning each room daily. To guarantee this procedure is followed, when in the home, the PCHA will complete a walkthrough to ensure that all lights are plugged in and in working order.

Completion Date: 09/01/2022

Document Submission

Implemented

During a licensing inspection on 8/5/22 it was noted that a resident did not have access to a source of light that can be turned on/off at bedside. The lamp was present but happened to be unplugged. It is important to provide residents with sufficient light to move safely around their room in the dark, reducing the risk of falls and injury. To ensure the health and safety of the Residents we serve, housekeeping /LST's will be trained to ensure that bedside lamps are plugged in to an electrical socket after deep cleaning each room daily. To guarantee this procedure is followed, when in the home, the PCHA will complete a walkthrough to ensure that all lights are plugged in and in

101j7 - Lighting/Operable Lamp (continued)

working order.

103i - Outdated Food

1. Requirements

2600.

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

Description of Violation

There were #2 unlabeled, undated, muffins on the counter in the kitchen.

There was an unlabeled, undated half of cake on the counter in the kitchen.

Plan of Correction

Accept

During a licensing inspection on 8/5/22 there were #2 unlabeled, undated, muffins and half of cake on the counter in the kitchen. It is important for food to be labeled and dated to ensure that food is safe for use. To maintain compliance, staff will be retrained regarding safe food handling and storage. The PCHA of the home will be responsible to ensure the staff are following the procedure as set forth in the training, evidenced by daily follow up and observation. The Assistant Director's will do weekly observations to confirm the procedure is being followed.

Completion Date: 09/01/2022

Document Submission

Implemented

During a licensing inspection on 8/5/22 there were #2 unlabeled, undated, muffins and half of cake on the counter in the kitchen. It is important for food to be labeled and dated to ensure that food is safe for use. To maintain compliance, staff will be retrained regarding safe food handling and storage. The PCHA of the home will be responsible to ensure the staff are following the procedure as set forth in the training, evidenced by daily follow up and observation. The Assistant Director's will do weekly observations to confirm the procedure is being followed.

124 - Notice to Fire Department

1. Requirements

2600.

124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The home does not have documentation of written notification to the local fire department of the address of the home, location of the bedrooms, and the assistance needed to evacuate in an emergency.

Plan of Correction

Accept

During a licensing inspection on 8/5/22 it was noted that the home did not have documentation of written notification to the local fire department of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. This is important as in the event of a fire or other emergency, the local fire department will usually arrive within a matter of minutes. Having advance knowledge of the layout of the home and the needs of the residents will help the fire department evacuated residents quickly. The Director of Accreditation

124 - Notice to Fire Department (continued)

and Licensing will notify the fire department in writing of the address, location of bedrooms, and assistance needed to evacuate in writing. The Director of Licensing and Accreditation will be responsible for updating and reporting any future changes in the home to the fire department as needed.

Completion Date: 09/01/2022

Document Submission

Implemented

During a licensing inspection on 8/5/22 it was noted that the home did not have documentation of written notification to the local fire department of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. This is important as in the event of a fire or other emergency, the local fire department will usually arrive within a matter of minutes. Having advance knowledge of the layout of the home and the needs of the residents will help the fire department evacuated residents quickly. The Director of Accreditation and Licensing will notify the fire department in writing of the address, location of bedrooms, and assistance needed to evacuate in writing. The Director of Licensing and Accreditation will be responsible for updating and reporting any future changes in the home to the fire department as needed.

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 last fire drill and fire safety inspection observed by a fire safety expert was conducted on 6/8/21.

Plan of Correction

Accept

During a licensing inspection on 8/5/22 it was noted that the last fired drill and fire safety inspection observed by a fire safety expert was conducted on 6/8/21. Identifying and correcting unsafe conditions helps prevent fires from occurring. The fire drill and safety inspection was completed on 6/1/22 however the documentation was not yet received by Beechwood Center #1 from the fire safety expert. An expedited request was made by the Director of Accreditation and Licensing for the documentation to be obtained. The document was received on 8/9/22.

Completion Date: 08/09/2022

Document Submission

Implemented

During a licensing inspection on 8/5/22 it was noted that the last fired drill and fire safety inspection observed by a fire safety expert was conducted on 6/8/21. Identifying and correcting unsafe conditions helps prevent fires from occurring. The fire drill and safety inspection was completed on 6/1/22 however the documentation was not yet received by Beechwood Center #1 from the fire safety expert. An expedited request was made by the Director of Accreditation and Licensing for the documentation to be obtained. The document was received on 8/9/22.

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

141a 1-10 Medical Evaluation Information (continued)

- 141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
 4. Special health or dietary needs of the resident.
 5. Allergies.
 6. Immunization history.
 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
 8. Body positioning and movement stimulation for residents, if appropriate.
 9. Health status.
 10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

Resident #1's medical evaluations dated [REDACTED] did not include special health or dietary needs of the resident.

Plan of Correction

Accept

During a licensing inspection on 8/5/22 a resident's medical evaluation did not include special health or dietary needs. The section of the document was not completed by the attending physician. Accurate medical information helps homes decide whether a resident's needs can be met at the home, helps the home develop accurate assessments and support plans, and ensure that residents' medical needs will be met. To ensure future compliance, the Director of Health and Wellness is implementing a procedure for the assigned nurse to review all new medical evaluations for completeness prior to submitting to the Support Rehab Nurse for a second review before submission to the record. The attending physician will be alerted of any missing items for follow-up to ensure that medical evaluations are complete.

Completion Date: 09/01/2022

Document Submission

Implemented

During a licensing inspection on 8/5/22 a resident's medical evaluation did not include special health or dietary needs. The section of the document was not completed by the attending physician. Accurate medical information helps homes decide whether a resident's needs can be met at the home, helps the home develop accurate assessments and support plans, and ensure that residents' medical needs will be met. To ensure future compliance, the Director of Health and Wellness is implementing a procedure for the assigned nurse to review all new medical evaluations for completeness prior to submitting to the Support Rehab Nurse for a second review before submission to the record. The attending physician will be alerted of any missing items for follow-up to ensure that medical evaluations are complete.

162c - Menus Posted

1. Requirements

- 2600.
- 162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home's menu for the week of 7/31/22 to 8/6/22 was posted. However, the menu for 1 week in advance was not posted.

162c - Menus Posted (continued)

Plan of Correction**Accept**

During a licensing inspection on 8/5/22 it was noted that the home's menu for the week of 7/31/22 to 8/6/22 was posted. However, the menu for 1 week in advance was not posted. Having a menu that is prepared one week in advance and is followed is beneficial for residents so they can plan their meals in advance.

Staff will be retrained regarding posting of the food menu's as required. The PCHA of the home will be responsible to ensure the staff are following the procedure as set forth in the training, evidenced by observation. The PCHA's will remove the outdated menu and replace the current menu in the dining room where it is clearly accessible to Residents and visitors who may require access to the document. The PCHA of the home will ensure that it remains in place and accessible. The Assistant Director's will complete random observations to confirm the procedure is being followed.

Completion Date: 09/01/2022

Document Submission**Implemented**

During a licensing inspection on 8/5/22 it was noted that the home's menu for the week of 7/31/22 to 8/6/22 was posted. However, the menu for 1 week in advance was not posted. Having a menu that is prepared one week in advance and is followed is beneficial for residents so they can plan their meals in advance.

Staff will be retrained regarding posting of the food menu's as required. The PCHA of the home will be responsible to ensure the staff are following the procedure as set forth in the training, evidenced by observation. The PCHA's will remove the outdated menu and replace the current menu in the dining room where it is clearly accessible to Residents and visitors who may require access to the document. The PCHA of the home will ensure that it remains in place and accessible. The Assistant Director's will complete random observations to confirm the procedure is being followed.

191 - Resident Right to Refuse

1. Requirements

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident #1, admitted [REDACTED] has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Resident #2, admitted [REDACTED], has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Plan of Correction**Accept**

During a licensing inspection on 8/5/22 it was noted that two resident records did not contain documentation of the resident's right to refuse medication if the resident believes that there may be a medication error. This protects residents' right to refuse medications that they believe will be erroneously administered. Resident education on the right to refuse medication is completed annually and included in the annual resident rights review. Documentation of such is maintained in the participant's record. Management review of the record following the licensing survey identified signed documents in both noted files. Resident rights and complaint procedures were most recently reviewed with Resident #1 on [REDACTED] Resident rights and complaint procedures were most recently reviewed with Resident #2 on [REDACTED]

191 - Resident Right to Refuse (continued)

Completion Date: 08/05/2022

Document Submission

Implemented

During a licensing inspection on 8/5/22 it was noted that two resident records did not contain documentation of the resident's right to refuse medication if the resident believes that there may be a medication error. This protects residents' right to refuse medications that they believe will be erroneously administered. Resident education on the right to refuse medication is completed annually and included in the annual resident rights review. Documentation of such is maintained in the participant's record. Management review of the record following the licensing survey identified signed documents in both noted files. Resident rights and complaint procedures were most recently reviewed with Resident #1 on [REDACTED]. Resident rights and complaint procedures were most recently reviewed with Resident #2 on [REDACTED]

224a - Preadmission Screen Form

1. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #1 was admitted to the home on [REDACTED] however, the resident does not have a preadmission screening form.

Plan of Correction

Accept

During a licensing survey on 8/5/22 it was noted that a resident was admitted to the home [REDACTED] however, the resident does not have a preadmission screening form. This form ensures that the home can safely meet a resident's needs prior to admission. The preadmission screening form is listed on the internal transfer checklist that the Care Coordination team uses as a tool to ensure that all the necessary documentation is completed when a participant moves from one PCH to another. The care coordination team has been trained on the use of this tool to ensure thorough completion of documentation. In addition, administrative support staff have been trained to monitor for completeness and errors prior go uploading in the EHR (Electronic Health Record). This error was noted during an annual internal chart review on [REDACTED] however it was after the admission date and unable to be completed.

Completion Date: 08/11/2022

Document Submission

Implemented

During a licensing survey on 8/5/22 it was noted that a resident was admitted to the home on [REDACTED] however, the resident does not have a preadmission screening form. This form ensures that the home can safely meet a resident's needs prior to admission. The preadmission screening form is listed on the internal transfer checklist that the Care Coordination team uses as a tool to ensure that all the necessary documentation is completed when a participant moves from one PCH to another. The care coordination team has been trained on the use of this tool to ensure thorough completion of documentation. In addition, administrative support staff have been trained to monitor for completeness and errors prior go uploading in the EHR (Electronic Health Record). This error was noted during an annual internal chart review on [REDACTED] however it was after the admission date and unable to be completed.