



CERTIFIED MAIL – RETURN RECEIPT  
REQUESTED MAILING DATE: DECEMBER 20, 2022

[REDACTED]  
H and M Personal Care Home, Inc.  
[REDACTED]

RE: H & M Personal Care Home  
590 Boggs School Road  
Moon Township, Pennsylvania 15108  
License/COC #: 448481

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on August 15, 2022, and September 16, 2022, of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance (license number 428900) dated November 30, 2022 – November 30, 2023, and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026 (b)(1); (5) and 55 Pa. Code § 20.71(a)(2); (3); (4); (5) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from December 20, 2022 to June 20, 2023.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.


Pursuant to 62 P.S. 1085-1087 and 55 Pa. Code § 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

55 Pa. Code Chapter 2600	Class of Violation	Census at Inspection	Fine Per resident X Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
Section: _____					
121(a)	II	17	\$5	\$85	5 calendar days from mailing date of this letter

A fine will be assessed daily beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

  
 Pennsylvania Department of Human Services  
 Bureau of Human Services Licensing  
 Room 631, Health and Welfare Building  
 625 Forster Street  
 Harrisburg, Pennsylvania 17120  
 PH: 717-214-1304

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

*Jamie F. Buchenauer*

Jamie Buchenauer  
Deputy Secretary  
Office of Long-term Living

Enclosure  
Licensing Inspection Summary

cc:



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

Facility Information

Name: *H & M PERSONAL CARE HOME* License#: *44848* License Expiration: *11/30/2022*  
Address: *590 BOGGS SCHOOL ROAD, MOON TOWNSHIP, PA 15708*  
County: *ALLEGHENY* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: *724-457-7398* Email: [REDACTED]

Legal Entity

Name: *HAND M PERSONAL CARE HOME INC*  
Address: [REDACTED]  
Phone: *7244577398* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *Other* Date: *07/25/1983* Issued By: *Dept L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *18* Waking Staff: *14*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #: [REDACTED]  
Reason: *Renewal, Complaint* Exit Conference Date: *08/15/2022*

Inspection Dates and Department Representative

08/15/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *18* Residents Served: *18*

Secured Dementia Care Unit

In Home: *No* Area: [REDACTED] Capacity: [REDACTED] Residents Served: [REDACTED]

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *76* Are 60 Years of Age or Older: *14*  
Diagnosed with Mental Illness: *17* Diagnosed with Intellectual Disability: *7*  
Have Mobility Need: *0* Have Physical Disability: *7*

Inspections/ Reviews

08/15/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/07/2022*

**08/26/2022 - POC Submission**

**Submitted By:** [REDACTED]      **Date Submitted:** 70/06/2022  
**Reviewer:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 08/29/2022

**09/23/2022 - POC Submission**

**Submitted By:** [REDACTED]      **Date Submitted:** 70/06/2022  
**Reviewer:** [REDACTED]      **Follow-Up Type:** Document Submission      **Follow-Up Date:** 09/30/2022

**12/05/2022 - Document Submission**

**Submitted By:** [REDACTED]      **Date Submitted:** 70/06/2022  
**Reviewer:** [REDACTED]      **Follow-Up Type:** Enforcement

## 1Sb - Supervisor Plan

**1. Requirements**

2600.

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

**Description of Violation**

On or around 7/27/22, resident #1 reported to staff member A, the home's [REDACTED], that staff member B threatened to punch [REDACTED] in the face and told [REDACTED] smells like "[REDACTED]". Staff person A states that staff person B was immediately suspended; however, [REDACTED] returned to the home to work unsupervised after approximately one week of suspension, before Adult Protective Services completed their investigation and prior to the Department beginning an investigation into the incident.

**POC Submission****Directed [REDACTED] - 09/21/2022)**

Incident report was submitted immediately after inspection. In the future if any complaints or said incidents occur our direct care staff and home administrator will write up an incident report and call Older adult protective services right away and follow complaint procedures and suspend our staff member until a full investigation by OHS is complete. once the investigation is complete by the home administrator and OHS staff member shall return with supervision indefinitely before returning to their regular shift, Home administrator will have a staff meeting regarding elder abuse and resident rights and implement in the staff manual a plan of correction so this type of incident does not recur. if said incident would occur our plan of corrections implemented would be to immediately terminate said staff members position.

**DIRECTED**

Within 5 calendar days of receipt of the accepted plan of correction: The administrator shall audit any allegations of abuse to ensure any staff person who is alleged of abuse is immediately suspended or placed on a plan of supervision approved by the Department and the Area Agency on Aging. 9/21/22 [REDACTED]

Within 30 calendar days of receipt of the accepted plan of correction: All staff persons shall be educated by the Area Agency on Aging or another outside source on Abuse, Abuse Prevention, and Abuse Reporting, Documentation of education shall be kept. 9/21/22 [REDACTED]

Within 30 calendar days of receipt of the accepted plan of correction: The administrator shall educate all staff persons on the home's procedures when there is an allegation of abuse and the requirements of Regulation 2600.15(b). Documentation of education shall be kept. 9/27/22 [REDACTED]

Licensee's Proposed Overall Completion Date 10/23/22

**Not Implemented [REDACTED] - 12/05/2022)**

## 16c - Written Incident Report

**2. Requirements**

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

**Description of Violation**

On or around 7/27/22, resident #1 reported to staff member A, the home's [REDACTED], that staff member B threatened to punch [REDACTED] in the face and told him [REDACTED] smells like "[REDACTED]"; however, the home did not report this incident

**76c - Written Incident Report (continued)**

to the Department.

On 8/1/22, resident #1 fell down the basement steps on purpose, and then hit [REDACTED] head on the ceiling when [REDACTED] stood up. [REDACTED] was taken by ambulance to the hospital, where [REDACTED] remains; however, the home did not report this incident to the Department.

**POC Submission****Directed ( [REDACTED] - 09/21/2022)**

An incident report was immediately filed after the inspection to the Western Region In the future Any abuse complaint brought to the home administrator or any staff member will be reported immediately to our designated regional department office and a staff meeting will take place with all staff members present.

**DIRECTED**

Within 5 calendar days of receipt of the accepted plan of correction: The administrator shall audit all reportable incidents and conditions weekly to ensure compliance with Regulation 2600.76(c). 9/21/22 [REDACTED]

Within 30 calendar days of receipt of the accepted plan of correction: The administrator shall educate all staff persons on the home's procedures for reporting reportable incidents and conditions and the requirements of Regulation 2600.16(c). Documentation of education shall be kept. 9/21/22 [REDACTED]

Licensee's Proposed Overall Completion Date 10/23/22

**Not Implemented ( [REDACTED] - 12/05/2022)****18 - Compliance With Laws****3. Requirements**

2600.

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

**Description of Violation**

The Care Facility Carbon Monoxide Alarms Standards Act, enacted 6/23/16, requires that carbon monoxide alarms be installed in close proximity of but not less than 15 feet from any fossil-fuel burning device or appliance. The home has a gas stove in the kitchen; however, the carbon monoxide detector located in the hallway between the kitchen and the bedrooms had no operable batteries.

The home has a gas furnace in the basement; however, the carbon monoxide detector was located in the locked laundry room approximately 10 feet away.

**POC Submission****Accept ( [REDACTED] - 09/27/2022)**

Carbon monoxide detectors were immediately replaced and batteries were installed. carbon monoxide detectors are now 15 feet from the furnace and gas stove, dates were also placed on the carbon monoxide detectors to ensure all staff members know when the batteries were last replaced. In the future Direct care staff will check our carbon Monoxide detectors at the beginning of each month to make sure they are working and function in the appropriate amount of feet from a gas stove and a gas furnace. attached you will see we bought a new carbon monoxide detector for upstairs and they are all labeled with the date the battery was changed, and is located at least 15 feet away from the PCH gas stove.

Licensee's Plan Completion Date: 09/08/2022

**Implemented ( [REDACTED] - 12/05/2022)**

## 18 - Compliance With Laws (continued)

## 23a - Activities of Daily Living Assistance

## 4. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

**Description of Violation**

Resident #1's initial assessment, dated [REDACTED], indicates the resident needs prompted to take a shower, and the resident's initial support plan, dated [REDACTED] indicates direct care staff will prompt resident to take a shower at least 2 times per week; however, staff interviews indicate the resident had not taken a shower while living in the home.

**POC Submission****Directed** [REDACTED] - 09/21/2022)

Direct care staff will refer to the residents support plan to get a better understanding of how the resident is supposed to be assisted with AOL's In the future direct care staff will continue to prompt the resident more often if necessary to get in the shower on designated shower days and more often if necessary.

**DIRECTED**

Within 30 calendar days of receipt of the accepted plan of correction: The administrator or designated staff person shall educate all direct care staff persons on each of the resident's assessments and support plans to ensure each resident is receiving the care and services identified in the resident's assessments and support plans. Documentation of education shall be kept. 9/27/22 [REDACTED]

Within 75 calendar days of receipt of the accepted plan of correction: The administrator shall privately interview three residents a week to ensure each resident is receiving the care and services identified in the resident's assessments and support plans. Documentation of interviews shall be kept. 9/27/22 [REDACTED]

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Licensee's Proposed Overall Completion Date 10/23/22

**Not Implemented** [REDACTED] - 12/05/2022)

## 25a - Written Contract and Review

## 5. 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 #2, admitted [REDACTED], did not have a resident-home contract completed until 6/6/22.

**POC Submission****Directed** [REDACTED] - 09/21/2022)

when the personal care home has a new resident join the community a home contract will be immediately be done on the 1st day resident is with the PCH In the future the Home Administrator will double check every home contract before officially making it complete. This particular situation was corrected in front of the inspector. Home administrator will make sure home contract is complete to the fullest when resident arrives at the PCH.

**DIRECTED**

Within 30 calendar days of receipt of the accepted plan of correction: The administrator or designee shall audit all

**25a - Written Contract and Review (continued)**

current resident records to ensure each resident has a resident-home contract is in place and in the resident's records. 9/21/22 ■■■

Licensee's Proposed Overall Completion Date 10/23/22

Not Implemented (■■■ - 12/05/2022)

**25b - Contract Signatures****6. Requirements**

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

**Description of Violation**

Resident #3's resident-home contract, dated ■■■ is not signed by the resident.

**POC Submission**

Directed (■■■ - 09/21/2022)

Contract signatures will be completed on the day the resident arrives. In the future the home administrator will double check all contracts to make sure they are complete and ready to be put in the chart after the residents intake.

**DIRECTED**

Within 30 calendar days of receipt of the accepted plan of correction: The administrator or designee shall audit all current resident records to ensure each resident has a resident-home contract is in place, with the required signatures, and in the resident's records. 9/21/22 ■■■

Licensee's Proposed Overall Completion Date 10/23/22

Not Implemented (■■■ - 12/05/2022)

**41e - Signed Statement****7. 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 #3's record does not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

**POC Submission**

Directed (■■■ - 09/21/2022)

The home administrator will sign and have the resident sign home contract immediately after reviewing and upon completion of resident intake. In the future the home administrator will double check that all signatures are on the contract clearly and ready to be put in the chart after intake.

**DIRECTED**

Within 30 calendar days of receipt of the accepted plan of correction: The administrator or designee shall review and provide a copy of the resident rights and complaint procedures with resident #3 and obtain the required signatures. 9/21/22 ■■■

## 41e - Signed Statement (continued)

Within 30 calendar days of receipt of the accepted plan of correction: The administrator or designee shall audit all current resident records to ensure each resident has been provided a copy of the resident rights and complaint procedures and the required signatures have been obtained. 9/21/22 [REDACTED]

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Licensee's Proposed Overall Completion Date 10/23/22

Not Implemented ([REDACTED] 12/05/2022)

## 42c - Treatment of Residents

## 8. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

## Description of Violation

On or around 7/27/22, staff member B threatened to punch [REDACTED] in the face and told [REDACTED] smells like "[REDACTED]". Resident #1 told his legal guardian that [REDACTED] is very upset about [REDACTED] treatment from the home's staff and is afraid to return to the home after his discharge from the hospital.

## POC Submission

Directed ([REDACTED] 09/21/2022)

a staff meeting was immediately conducted after inspection on treating the residents with dignity and respect at all times. A resident has the right to leave a facility at any time regardless of any situation with a 30 day notice. however, the PCH's Staff members will treat all residents with dignity and respect at all times.

## DIRECTED

Within 30 calendar days of receipt of the accepted plan of correction: The administrator shall educate all staff persons on the residents rights and treating residents with dignity and respect, Documentation of education shall be kept. 9/21/22 [REDACTED]

Within 30 calendar days of receipt of the accepted plan of correction: Staff person B shall receive at least 3 hours of sensitivity training from an outside source. Documentation of training shall be kept. 9/21/22 [REDACTED]

Within 15 calendar days of receipt of the accepted plan of correction: The administrator shall privately interview three residents a week to ensure each resident is treated with dignity and respect. Documentation of interviews shall be kept. 9/21/22 [REDACTED]

Licensee's Proposed Overall Completion Date 10/23/22

Not Implemented ([REDACTED] 12/05/2022)

## 85e - Trash Outside Home

## 9. Requirements

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

## Description of Violation

At 10:15 a.m., there was an uncovered garbage can, 1/4 full of trash, in the home's smoking area.

## POC Submission

Directed ([REDACTED] 09/21/2022)

uncovered garbage can was immediately removed from smoking section upon inspection. In the future we will not

**85e - Trash Outside Home (continued)**

have garbage cans in smoking area with no lid and it will not be in the smoking area the garbage can with lid will be placed on the back porch where smoking is not allowed.

**DIRECTED**

Within 30 calendar days of receipt of the accepted plan of correction: The administrator or designee shall educate all staff persons on the requirements of Regulation 2600.85(e). Documentation of education shall be kept. 9/21/22 ■

Within 15 calendar days of receipt of the accepted plan of correction: The administrator or designee shall conduct a weekly audit of the outside of the home to ensure compliance with Regulation 2600.85(e). 9/21/22 ■

Licensee's Proposed Overall Completion Date 10/23/22

Not Implemented (■ - 12/05/2022)

**86a - Ventilation****10. Requirements**

2600.

86.a. All areas of the home that are used by the resident shall be ventilated. Ventilation includes an operable window, air conditioner, fan or mechanical ventilation that ensures airflow.

**Description of Violation**

There is no operable window, fan, or other mechanical ventilation to ensure airflow in the common bathroom next to the shower room in the basement.

**POC Submission**

Directed (■ - 09/21/2022)

Home administrator immediately called to schedule for The small bathroom on the lower level of the PCH to be looked at by a contractor and have ventilation from the bathroom to the outside and will be done in a timely manner.

**DIRECTED**

Within 15 calendar days of receipt of the accepted plan of correction: The administrator or designee shall conduct a weekly audit of the home to ensure compliance with Regulation 2600.86(a). 9/21/22 ■

Licensee's Proposed Overall Completion Date 10/8/22

Not Implemented (■ 12/05/2022)

**89c - Testing Non-Public Water****11. Requirements**

2600.

89.c. A home that is not connected to a public water system shall have a coliform water test at least every 3 months, by a Department of Environmental Protection-certified laboratory, stating that the water is below maximum contaminant levels. A public water system is a system that provides water to the public for human consumption, which has at least 15 service connections or regularly serves an average of at least 25 individuals daily at least 60 days out of the year.

**Description of Violation**

There is no documentation of the home's coliform water tests completed between 11/18/21 and 7/6/22. The home is not connected to a public water source.

89c - Testing Non-Public Water (continued)

POC Submission

Directed (JK - 09/21/2022)

The Home administrator has the well water tested every 3 months to make sure there is no coliform in the water. during the inspection the home administrator called the water company they are affiliated with to locate the 2 tests that were not in the binder. This plan of correction was done at time of inspection. CMA group sent the 2 tests and are presented in the attachment.

DIRECTED

Within 15 calendar days of receipt of the accepted plan of correction: The administrator or designee shall develop and implement a schedule of water testing in accordance with Regulation 2600.89(c) and ensure the documentation of the test results are available in the home upon request of the Department. The administrator shall audit the water testing and test results quarterly 9/21/22

Licensee's Proposed Overall Completion Date 10/8/22

Implemented ( - 12/05/2022)

103e - Left Overs

12. Requirements

2600.

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

Description of Violation

At 10:10 a.m., there were multiple unlabeled and undated foods in the kitchen refrigerator, including:

- 4 sandwich-sized zippered plastic bags containing approximately 3C of corn, 3 slices of Swiss cheese, 2C of ham barbecue, and 3 hot dogs
- 1 gallon-sized zippered plastic bag containing approximately 5C of white rice
- 4 plastic containers containing approximately 1C of salad, 2C of ravioli, a casserole, 3C of baked beans

POC Submission

Directed ( - 09/21/2022)

Food was immediately thrown out at the time of inspection if it did not have a label of the date it was put in the refrigerator. In the future our POC will be to throw away food that has been used by any resident or saved for any resident for future use.all food placed in the refrigerator will be dated for the day that it was used.

DIRECTED

Within 30 calendar days of receipt of the accepted plan of correction: The administrator or designee shall educate all staff persons on the Requirements of Regulation 2600.103(e). Documentation of education shall be kept. 9/21/22

Within 15 calendar days of receipt of the accepted plan of correction: The administrator or designee shall conduct a weekly audit to ensure compliance with Regulation 2600.103(e), 9/21/22

Licensee's Proposed Overall Completion Date 10/23/22

Not Implemented ( - 12/05/2022)

103f - Refrigerator/Freezer Temps

13. Requirements

2600.

**103f - Refrigerator/Freezer Temps (continued)**

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

**Description of Violation**

*At 10:46 a.m., there was no thermometer in the basement freezer on the right.*

**POC Submission**

*Directed [REDACTED] - 09/21/2022)*

*A thermometer was placed in the freezer in the basement downstairs at the time of inspection immediately by the home administrator. In the future we will always make sure there is a thermometer in all refrigerators and freezers.*

**DIRECTED**

*Within 30 calendar days of receipt of the accepted plan of correction: The administrator or designee shall educate all staff persons on the Requirements of Regulation 2600.103(f). Documentation of education shall be kept. 9/21/22 [REDACTED]*

*Within 15 calendar days of receipt of the accepted plan of correction: The administrator or designee shall conduct a weekly audit to ensure compliance with Regulation 2600.103(f), 9/21/22 [REDACTED]*

**Licensee's Proposed Overall Completion Date 10/23/22**

*Not Implemented [REDACTED] 12/05/2022)*

**103i - Outdated Food****14. Requirements**

2600.

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

**Description of Violation**

*At 10:43 a.m., there were multiple unlabeled and undated foods in the basement freezer on the left, including:*

- Approximately 5lbs. of chicken*
- Approximately 1lb. of pepperoni*
- 5 bags of sliced cheese, approximately 2lbs. each*

**POC Submission**

*Directed [REDACTED] - 09/21/2022)*

*the Home administrator and all staff members will label and date any frozen foods. and throw away any dented cans or outdated foods.*

**DIRECTED**

*Within 30 calendar days of receipt of the accepted plan of correction: The administrator or designee shall educate all staff persons on the Requirements of Regulation 2600.103(i). Documentation of education shall be kept. 9/21/22 [REDACTED]*

*Within 15 calendar days of receipt of the accepted plan of correction: The administrator or designee shall conduct a weekly audit to ensure compliance with Regulation 2600.103(i), 9/21/22 [REDACTED]*

**Licensee's Proposed Overall Completion Date 10/23/22**

*Not Implemented [REDACTED] - 12/05/2022)*

**109b - Rabies Vaccination**

**15. Requirements**

2600.

109.b. Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

**Description of Violation**

Staff person B's dog, [REDACTED], was present at the home throughout the day; however, the [REDACTED] does not have a current rabies vaccination.

Staff person C's dog, [REDACTED], visits the home on a regular basis; however, the home does not have a current certificate of rabies vaccination for [REDACTED].

**POC Submission****Directed ( [REDACTED] - 09/21/2022)**

How e administrator immediately contacted the owner of [REDACTED] for not having [REDACTED] rabies certificate [REDACTED] is no longer allowed in the home until [REDACTED] gets [REDACTED] rabies shot. [REDACTED] the dog has received [REDACTED] rabies vaccination and is in the attachment to this POC.

**DIRECTED**

Within 30 calendar days of receipt of the accepted plan of correction: The administrator or designee shall verify and dogs or cats residing or visiting the home have met the regulatory requirements of Regulation 2600. 109(b) and the documentation is available to the Department upon request. 9/21/22 [REDACTED]

Within 15 calendar days of receipt of the accepted plan of correction: The administrator or designee shall conduct a monthly audit to ensure compliance with Regulation 2600.109(b), 9/21/22 [REDACTED]

Licensee's Proposed Overall Completion Date 10/23/22

**Not Implemented ( [REDACTED] - 12/05/2022)****121a - Unobstructed Egress****16. Requirements**

2600.

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

**Description of Violation**

At 10:27 a.m., there was a motorized bicycle outside of the emergency exit door at the bottom of the basement stairs, obstructing the door from opening more than 45 degrees.

REPEAT VIOLAT/ON: 8/26/2021

**POC Submission****Directed ( [REDACTED] - 09/21/2022)**

Home administrator immediately removed the bicycle from the downstairs door way so that it was not blocking the exit. In the future The HA and DCS will make sure there are no obstructed egresses.

**DIRECTED**

Within 30 calendar days of receipt of the accepted plan of correction: The administrator or designee shall educate all staff persons on the Requirements of Regulation 2600.121(a). Documentation of education shall be kept. 9/21/22 [REDACTED]

Within 15 calendar days of receipt of the accepted plan of correction: The administrator or designee shall conduct a daily audit to ensure compliance with Regulation 2600.121(0), 9/21/22 [REDACTED]

121a - Unobstructed Egress (*continued*)

Licensee's Proposed Overall Completion Date 10/23/22

Not Implemented (█ - 12/05/2022)

## 132b - Safety Inspection/Fire Drill

## 17. 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 did not have a maximum safe evacuation time specified in writing within the past year by a fire safety expert for the months of December 2021 through April 2022. The current fire safety inspection and fire drill conducted by a fire safety expert was completed on 5/7/22.*

## POC Submission

Directed (█ - 09/21/2022)

*HA immediately contacted the fire chief so that the correction of 2 mins be changed to 5 mins on the time sheet of the paperwork necessary. Fire chief said he would fix the issue as soon as █ can.*

## DIRECTED

*Within 15 calendar days of receipt of the accepted plan of correction: The administrator shall develop and implement a schedule which includes an annual fire safety inspection and fire drill conducted by a fire safety expert. The administrator shall audit the schedule annually to ensure compliance with Regulation 2600132(b).*

Licensee's Proposed Overall Completion Date 10/8/22

Implemented (█ - 12/05/2022)

## 132d - Evacuation

## 18. 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

*The home did not have a maximum safe evacuation time specified in writing within the past year by a fire safety expert for the months of December 2021 through April 2022. The home exceeded the safe evacuation time of 2 minutes 30 seconds during the following drills:*

- 12/13/21 at 10 a.m., evacuation time of 3 mins 54 sec
- 1/14/22 at 2 p.m., evacuation time of 3 mins 31 sec
- 2/17/22 at 6 p.m., evacuation time of 3 mins 51 sec
- 3/10/22 at 10 a.m., evacuation time of 4 mins 1 sec
- 4/20/22 at 9 p.m., evacuation time of 3 mins 55sec

*The home's maximum safe evacuation time as determined by a fire safety expert on 5/7/22 is 2 minutes 30 seconds. The home exceeded their safe evacuation time of 2 minutes 30 seconds during the following drills:*

- 5/6/22 at 7 a.m., evacuation time of 3 mins 10 sec

**732d - Evacuation (continued)**

- 6/22/22 at 3 p.m., evacuation time of 4 mins 30 sec
- 7/28/22 at 4:30 p.m., evacuation time of 3 mins 45 sec

**POC Submission****Directed ( ) - 09/21/2022)**

HA contacted Our fire chief so can fill out the paper correctly on the form he will be back to fix it within then next 2 weeks the time on the paper should be 5 mins. HA and direct care staff will then conduct another fire drill and have it based off the time the fire chief says it should be done.

**DIRECTED**

Within 15 calendar days of receipt of the accepted plan of correction: The administrator or designee shall review all resident assessments and support plans to ensure appropriate staffing is available to evacuate all residents to a public thoroughfare or a designated fire safe area within the time specified by the fire safety expert. 9/21/22

Within 15 calendar days of receipt of the accepted plan of correction: The administrator shall complete the following steps to reduce the safe evacuation to a time specified in writing by a fire safety expert within the past year:

- \* Conduct at least two fire drills a month until the home can meet the safe evacuation time specified in writing by a fire safety expert within the past year, for three consecutive months.
- \* If the home exceeds the safe evacuation time specified in writing by a fire safety expert within the past year, for two consecutive fire drills, the administrator shall add additional staff to the regular schedule and maintain the staffing level at all times to ensure all residents are safely evacuated s to a public thoroughfare or a designated fire safe area within the time specified by the fire safety expert. 9/21/22

Within 15 calendar days of receipt of the accepted plan of correction: The administrator shall educate all staff persons on the home's emergency evacuation policy and procedures. Documentation shall be kept. 9/21/22

Within 15 calendar days of receipt of the accepted plan of correction: The administrator shall observe fire drills or audit the fire drill record to ensure all residents are evacuated to a public thoroughfare or a designated fire safe area within the time specified by the fire safety expert each month. 9/21/22

Licensee's Proposed Overall Completion Date 10/8/22

**Not Implemented ( ) - 12/05/2022)****133.3 - Exit Signs Letter Size****19. Requirements**

2600.

133.3. Exit Signs - The following requirements apply for a home serving nine or more residents: Exit sign letters must be at least 6 inches in height with the principal strokes of letters at least 3/4 inch wide.

**Description of Violation**

At 10:03 a.m., the letters on the exit sign over the front emergency exit door were only 2.5" in height.

**POC Submission****Directed ( ) - 09/22/2022)**

This was corrected during inspection. The HA had an extra EXIT sign and placed it in the proper position on the door. signs will be checked at all times to make sure they are big enough and legible for the residents.

**DIRECTED**

**133.3 - Exit Signs Letter Size (continued)**

Within 15 calendar days of receipt of the accepted plan of correction: The administrator or designee shall complete an initial and monthly audit of all exits to ensure compliance with Regulation 2600.133.2. 9/21/22 ■

Licensee's Proposed Overall Completion Date 10/8/22

Implemented (■) - 12/05/2022)

**162c - Menus Posted****20. 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**

At 9:45 a.m., the menus posted on the board between the dining area and the living room are dated July 1-7 and July 7-14.

**POC Submission**

Directed (■) - 09/22/2022)

HA or DCS will check the tack board weekly to make sure that the proper dates and foods are on the menu for the residents meal. new menus were immediately done as seen on the attachment,

**DIRECTED**

Within 15 calendar days of receipt of the accepted plan of correction: The administrator or designee shall audit the posted menus in the home weekly to ensure compliance will all of the requirements of regulation 2600.162(c). 9/21/22 ■

Licensee's Proposed Overall Completion Date 10/8/22

Implemented (■) - 12/05/2022)

**183e - Storing Medications****21. Requirements**

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

**Description of Violation**

At approximately 2:00 p.m., resident #2's bottle of cough/chest congestion DM with an expiration date of 4/2022 was in the home's medication cart.

**POC Submission**

Directed (■) - 09/22/2022)

HA and DCW will check all medication in the med cart for any expired medications. This particular bottle was immediately disposed of at the time of inspection.

**DIRECTED**

Within 1 calendar day of receipt of the accepted plan of correction: The administrator or designee shall properly dispose of the expired medication cited in the violation. 9/21/22 ■

Within 15 calendar days of receipt of the accepted plan of correction: The administrator shall educate all staff

783e - Storing Medications (continued)

persons qualified to administer medications on the requirements of Regulation 2600. 183(e) and the homes policy and procedures for the safe storage, access, security, distribution and use of medications and medical equipment. Documentation of education shall be kept. 9/21/22

Within 15 calendar days of receipt of the accepted plan of correction: The administrator or designee qualified to administer medications shall conduct an initial and monthly audit of all medication storage areas to ensure compliance with Regulation 2600. 183(e). 9/21/22

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Licensee's Proposed Overall Completion Date 10/8/22

Not Implemented ( 12/05/2022)

185a - Implement Storage Procedures

22. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #2's glucometer is not calibrated to the current time.

On the following dates, resident #2's blood sugar readings on his glucometer did not coincide with the blood sugar readings documented on the resident's August 2022 medication administration record (fvIAR):

<u>Date</u>	<u>Time</u>	<u>glucometer reading</u>	<u>VIAR</u>
8/6	3:40pm	124	98
8/7	3:39pm	121	203
8/8	no reading	-	275
8/9	no reading	-	93
8/10	no reading	-	91

Resident #4's glucometer is not calibrated to the current time.

POC Submission

Directed ( 09/22/2022)

HA and DCW will make sure daily that the glucometers are calibrated to the correct date and time. this was done immediately after inspection and will be done daily.

DIRECTED

Within 1 calendar days of receipt of the accepted plan of correction: The administrator or designee shall calibrate all resident glucometers. 9/21/22

Within 15 calendar days of receipt of the accepted plan of correction: The administrator shall develop and implement a policy and procedures, including a schedule, to calibrate all resident glucometers. All staff persons responsible for handling resident glucometers shall be educated on the policy and procedures. Documentation of education shall be kept. 9/21/22

Within 15 calendar days of receipt of the accepted plan of correction: The administrator shall educate all staff persons on the home's policy and procedures for insulin administration including the documentation of blood glucose levels, Documentation of education shall be kept. 9/21/22

## 185a - Implement Storage Procedures (continued)

Within 15 calendar days of receipt of the accepted plan of correction: The administrator shall review glucometer readings and the documentation of blood glucose readings to ensure to correct blood glucose readings have been taken and are properly documented. 9/21/22 [REDACTED]

Licensee's Proposed Overall Completion Date 10/8/22

Not Implemented ([REDACTED] 12/05/2022)

## 190a - Completion Medication Course

## 23. 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 person B, who has not successfully completed the Department-approved medications administration course since 11/2/20, administered multiple medications to various residents including risperidone, levetiracetam, and pantoprazole to resident #3 on 8/4/22.

Staff person D, who has not successfully completed the Department-approved medications administration course, administered multiple medications to various residents including Spiriva, prednisone, and tamsulosin to resident #1 on 8/1/22 and 8/2/22.

## POC Submission

Directed ([REDACTED] 09/23/2022)

HA will make sure all staff members are properly trained in the med administration paper work is in order and in clear view to see in their chart. this was immediately corrected upon completion of inspection.

## DIRECTED

Within 1 calendar day of receipt of the accepted plan of correction: The administrator will not allow staff person B administer medications until the requirements of Regulation 2600.190(a) have been met and documentation is maintained in the staff persons record. 9/21/22 [REDACTED]

Within 5 calendar days of receipt of the accepted plan of correction: The administrator shall audit all records for staff persons administering medications to ensure all staff persons administering medications have met the requirements of Regulation 2600.190(a) and the documentation is in the staff records. 9/21/22 [REDACTED]

Within 30 calendar days of receipt of the accepted plan of correction: The administrator shall conduct an audit every six months of all records staff persons administering medications to ensure all staff persons administering medications have met the requirements of Regulation 2600.190(a) and the documentation is in the staff records. 9/21/22 [REDACTED]

Licensee's Proposed Overall Completion Date 10/23/22

Not Implemented ([REDACTED] - 12/05/2022)

## 190b - Insulin Injections

**24. Requirements**

2600.

190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

**Description of Violation**

*Staff person B, who has not successfully completed the Department-approved medications administration course since 7/7/20, as well as a diabetes patient education program since 9/30/20, administered insulin injections to multiple residents on various dates and times, including to resident #4 on 8/7/22 at 7 a.m. and 4 p.m., and 8/7/22 at 9:30 a.m.,*

*Staff person D, who has not successfully completed the Department-approved medications administration course that as well as a diabetes patient education program within the past 2 years, administered insulin injections to multiple residents on various dates and times, including to resident #4 on 8/7/22, 8/2/22, 8/7/22, 8/8/22, 8/9/22, and 8/7/22 at 9:30 a.m.*

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

*HA immediately corrected this after completion of inspection. HA will make sure that ALL staff members have they Diabetes Training Every year and will be checked yearly for correctly dated certificates.*

**DIRECTED**

*Within 7 calendar day of receipt of the accepted plan of correction: The administrator will not allow staff persons B or D to administer insulin medications until the requirements of Regulation 2600.790(b) have been met and documentation is maintained in the staff persons record. 9/27/22 JK*

*Within 5 calendar days of receipt of the accepted plan of correction: The administrator shall audit all records for staff persons administering insulin medications to ensure all staff persons administering insulin medications have met the requirements of Regulation 2600.790(b) and the documentation is in the staff records. 9/27/22 [REDACTED]*

*Within 30 calendar days of receipt of the accepted plan of correction: The administrator shall conduct an audit every six months of all records staff persons administering insulin medications to ensure all staff persons administering insulin medications have met the requirements of Regulation 2600.790(b) and the documentation is in the staff records. 9/27/22 [REDACTED]*

Licensee's Proposed Overall Completion Date 10/23/22

**Not Implemented** [REDACTED] - 12/05/2022)**191 - Resident Right to Refuse****25. 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**

*There is no documentation that resident #3, admitted [REDACTED] has been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.*

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

*HA read resident all of [REDACTED] rights including the right to refuse medications, [REDACTED] is however MR and does not write*

## 191 - Resident Right to Refuse (continued)

marks. In the future we will make sure all residents understand and are given and read their rights to refuse medications sheets are placed in the chart.

**DIRECTED**

Within 15 calendar days of receipt of the accepted plan of correction: The administrator shall review all current and newly admitted resident records to ensure each resident has been educated on their right to question or refuse medications in accordance with Regulation 2600.191 and the documentation is in the residents' records. 9/21/22

Licensee's Proposed Overall Completion Date 10/8/22

Not Implemented ( - 12/05/2022)

## 221c - Post Activity Calendar

**26. Requirements**

2600.

221.c. A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

**Description of Violation**

At 9:45 a.m., the activity calendar posted on the board between the dining area and the living room was dated July 2022.

**POC Submission**

Directed ( - 09/23/2022)

HA will look at the tack board every month to make sure our activity calendar is up to date. Activities are still in session although the calendar was out of date. The new activities calendar was done immediately after inspection.

**DIRECTED**

Within 5 calendar days of receipt of the accepted plan of correction: The administrator or designee shall audit the home weekly to ensure compliance with Regulation 2600.221(c). 9/21/22

Licensee's Proposed Overall Completion Date 9/28/22

Implemented ( 12/05/2022)

## 225a - Assessment 15 Days

**27. 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 #1's initial assessment, dated indicates the resident has no problem with irritability, judgment, agitation, and aggression; however, the resident regularly acted out irrational behaviors, including not taking a shower at the home, wiping on the bathroom walls, eating toilet paper and cigarettes, and falling down the basement steps on purpose.

Resident #2's initial assessment, dated indicates the resident requires some physical assistance to manage finances; however, the resident manages his finances independently. Also, the resident's assessment indicates has a moderate problem with judgment and cannot make decisions rationally due to mental illness; however, the resident has no problem with judgment and is not diagnosed with a mental illness.

## 225a - Assessment 15 Days (continued)

## POC Submission

Directed [REDACTED] - 09/23/2022)

The HA will pay attention to the dates [REDACTED] puts on the forms and double check that they are the correct date in order for this to never happen again, this correction was fixed in front of inspector. dates will be checked upon all intakes of residents.

## DIRECTED

Within 15 calendar days of receipt of the accepted plan of correction: The administrator or designee shall review and update resident #1's and #2's assessments. 9/21/22 [REDACTED]

Within 30 calendar days of receipt of the accepted plan of correction: The administrator or designee shall audit all current and newly completed assessments to ensure accuracy and completeness. 9/21/22 [REDACTED]

Licensee's Proposed Overall Completion Date 10/23/22

Not Implemented [REDACTED] - 12/05/2022)

## 225c - Additional Assessment

## 28. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.

## Description of Violation

Resident #4's assessment, dated [REDACTED] does not include an assessment of turning and positioning in bed/chair.

## POC Submission

Directed [REDACTED] - 09/23/2022)

HA will make sure all questions on RASPS be checked and double checked upon completion of the annual assessment. all blocks will be checked and all blocks will have a description as needed.

## DIRECTED

Within 15 calendar days of receipt of the accepted plan of correction: The administrator or designee shall review and update resident #4's assessment. 9/21/22 [REDACTED]

Within 30 calendar days of receipt of the accepted plan of correction: The administrator or designee shall audit all current and newly completed assessments to ensure accuracy and completeness. 9/21/22 [REDACTED]

Licensee's Proposed Overall Completion Date 10/23/22

Not Implemented [REDACTED] 12/05/2022)

## 227c - Support Plan Revision

## 29. Requirements

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

## Description of Violation

Resident #2 uses a wheeled walker for ambulating; however, this is not addressed on the resident's initial support plan, dated 6/1/22.

## 227c - Support Plan Revision (continued)

Resident #2's initial assessment, dated [REDACTED] indicates the resident requires assistance with managing healthcare, doing laundry, and with managing multiple diagnoses, including osteoarthritis; however, the resident's initial support plan, dated [REDACTED] does not indicate the responsible party to meet these needs.

Resident #3's most recent assessment, dated [REDACTED] indicates the resident requires assistance with securing healthcare, shopping, transportation, managing finances, writing correspondence, hobbies, and the diagnosis of mental retardation; however, the resident's most recent support plan, dated [REDACTED], does not indicate the responsible party to meet these needs.

Resident #4's most recent assessment, dated [REDACTED], indicates the resident requires assistance with managing healthcare, securing healthcare, managing finances, making and keeping appointments, obtaining clean, seasonal clothing and with managing multiple diagnoses, including diabetes and schizophrenia; however, the resident's most recent support plan, dated [REDACTED] does not indicate the responsible party to meet these needs.

Resident #S's most recent assessment, dated [REDACTED] indicates the resident requires assistance with managing healthcare, doing laundry, managing finances, and the diagnosis of dementia; however, the resident's most recent support plan, dated 2/27/22, does not indicate the responsible party to meet these needs.

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

HA took care of this in front of inspector however Home administrator will double check all residents contracts and make sure everything is filled correctly and all boxes are checked.

**DIRECTED**

Within 15 calendar days of receipt of the accepted plan of correction: The administrator or designee shall review and update resident #2's, #3's, #4's and #S's support plans. 9/21/22 [REDACTED]

Within 30 calendar days of receipt of the accepted plan of correction: The administrator or designee shall audit all current and newly completed support plans to ensure accuracy and completeness. 9/21/22 [REDACTED]

Licensee's Proposed Overall Completion Date 10/23/22

**Not Implemented [REDACTED] - 12/05/2022)**

## 251b - Record Entries Legible

**30. Requirements**

2600.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

**Description of Violation**

Correction fluid was used on section II-A, the applicant's name section of resident #2's preadmission screening, dated [REDACTED] and the resident's name was written over top of the correction fluid.

Correction fluid was used on the date assessor signed section of resident #2's assessment and support plan, dated [REDACTED] above the date the assessor signed, [REDACTED] and on the participation section above resident #2's name.

Correction fluid was used on the resident's name section on page 2 of resident #4's medical evaluation, dated

## 251b - Record Entries Legible (continued)

██████████ and the resident's name was written over top of the correction fluid.

Correction fluid was used on the date assessor signed section and on the dated signed by resident of resident #5's assessment and support plan, dated ██████████ and the dated was written over top of the correction fluid.

**POC Submission**

Directed (██████-09/23/2022)

HA will no longer use white out to correct any errors on papers. if such incidents occur where an error happens it will be properly corrected.

**DIRECTED**

Within 15 calendar days of receipt of the accepted plan of correction: The administrator shall educate all staff persons on the requirements of Regulation 2600.251(b) including the prohibition of using white out. Documentation of education shall be kept. 9/21/22 ██████████

Within 30 calendar days of receipt of the accepted plan of correction: The administrator shall review all newly completed resident documents and records to ensure compliance with Regulation 2600.251(b). 9/21/22 ██████████

Licensee's Proposed Overall Completion Date 10/23/22

Not Implemented (██████-12/05/2022)

## 252 - Record Content

**31. Requirements**

2600.

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

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

**Description of Violation**

Resident #4's record does not include a photograph of the resident that is no more than 2 years old.

**POC Submission**

Directed (██████-09/23/2022)

HA will make sure to check all the residents pictures and make sure they are all within the 2 year mark. this particular one was corrected as seen in the attachment

**DIRECTED**

Within 5 calendar days of receipt of the accepted plan of correction: The administrator shall obtain a current photograph of resident #4 and place the photograph in the resident's record. 9/21/22 ██████████

Within 15 calendar days of receipt of the accepted plan of correction: The administrator or designee shall audit all resident records to ensure compliance with Regulation 2600.252.3. 9/21/22 ██████████

Licensee's Proposed Overall Completion Date 10/8/22

Implemented (██████-12/05/2022)

## 253c - Records Log

**32. Requirements**

2600.

253c - Records Log (continued)

253.c. The home shall keep a log of resident records destroyed on or after October 24, 2005. This log must include the resident's name, record number, birth date, admission date and discharge date.

**Description of Violation**

Staff person A, the home's [REDACTED] destroyed 3 years of resident medication administration records in the past year; however, no log was kept of the residents' names, record numbers, birth date, admission date and discharge date.

**POC Submission**

**Directed** ([REDACTED] - 09/23/2022)

HA will keep a log on all records destroyed although at the time of this inspection only old MARS have been destroyed. a Log has already been implemented.

**DIRECTED**

Within 30 calendar days of receipt of the accepted plan of correction: The administrator shall develop and implement a policy and procedures for maintaining resident records in accordance with Regulation 2600.253(c). 9/21/22 [REDACTED]

Licensee's Proposed Overall Completion Date 10/23/22

**Not Implemented** ([REDACTED] 12/05/2022)