

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

January 5, 2023

[REDACTED], OWNER

RE: VINE STREET MANOR
230 NORTH 65TH STREET
PHILADELPHIA, PA, 19139
LICENSE/COC#: 14234

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/17/2022, 08/18/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

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

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: VINE STREET MANOR **License #:** 14234 **License Expiration:** 12/29/2022
Address: 230 NORTH 65TH STREET, PHILADELPHIA, PA 19139
County: PHILADELPHIA **Region:** SOUTHEAST

Administrator

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

Legal Entity

Name: KAYMARIE BRIDDELL
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 61 **Waking Staff:** 46

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint, Monitoring **Exit Conference Date:** 08/18/2022

Inspection Dates and Department Representative

08/17/2022 - On-Site: [REDACTED]
 08/18/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 84 **Residents Served:** 57

Secured Dementia Care Unit

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

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 50 **Are 60 Years of Age or Older:** 34
Diagnosed with Mental Illness: 55 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 4 **Have Physical Disability:** 4

Inspections / Reviews

08/17/2022 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 09/11/2022

09/21/2022 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 09/28/2022
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 09/26/2022

Inspections / Reviews *(continued)*

09/28/2022 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/28/2022

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/30/2022

01/05/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/28/2022

Reviewer: [REDACTED]

Follow Up Type: Not Required

16c - Written Incident Report

1. 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 [REDACTED], a agent from a law enforcement department arrived to the home to investigate threats made by Resident #1. The home did not report this to the Department.

Staff Member A became the representative payee for Resident #1's Social Security income sometime in 2020. Staff Member A had intended to move the resident from the home to the staff member's personal residence in anticipation of the resident's approval for Home and Community Based Services. Staff member A's spouse owns a home health care agency and was intending to enroll resident #1 as a consumer. Staff member A's daughter intended to become the resident's paid caregiver. Staff Member B was notified of these allegations of financial exploitation on 8/10/22. The home did not report the allegations to the Department.

POC Submission

Accept [REDACTED] - 09/28/2022)

On 9/16/22, the administrator verbally instructed the staff to report any police activity immediately to the administration even if the activity in question is in relation to events outside of the home and involving non-residents and staff. In addition, Administrator verbally advised all staff that regardless of requests from resident, families and case workers, it is considered financial exploitation for a staff member to become the representative payee for any resident and/or direct any resident's funds in any manner. Starting on 9/26/2022, the administrator will hold a 10 minute conference each morning upon arrival with all staff to discern if any reportable incidences have occurred and file accordingly. This will continue ad infinitum. Staff member A was terminated on 8/12/2022 due to their intention to refuse to comply with this instruction. Please see attached police activity policy created 09/16/2022 by the administrator.

Licensee's Plan Completion Date: 09/22/2022

Implemented [REDACTED] - 01/05/2023)

42b - Abuse

2. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Staff Member A became the representative payee for Resident #1's Social Security income sometime in 2020. Staff Member A had intended to move the resident from the home to the staff member's personal residence and applied for Home and Community Based Services prior to the resident's move from the home. Staff member A's spouse owns a home health care agency and was intending to enroll resident #1 as a consumer. Staff member A's daughter intended to become the resident's paid caregiver.

Staff member A had been paying Resident #1's rent to the home in cash every month, but paying less than the contracted amount, incurring a debt to the resident's rental bill amount. Staff member B accepted the cash from Staff member A for Resident #1's rent on 6 occasions between 5/1/21 and 5/13/22. Staff member A was terminated from employment only after an investigation into the allegations of financial exploitation began.

42b - Abuse (continued)

POC Submission

Accept () - 09/28/2022)

On 9/16/22, the administrator verbally instructed the staff that regardless of requests from resident, families and case workers, it is considered financial exploitation for a staff member to become the representative payee for any resident and/or direct any resident's funds in any manner. On 9/16/22, the benefits administrator audited all representative payee relationships and found no additional infractions. Benefits administrator will audit representative payees monthly. The next audit is scheduled for October 16th, 2022. Please see the attached policy created 09/16/2022 by the administrator.

Licensee's Plan Completion Date: 09/23/2022

Implemented () - 01/05/2023)

51 - Criminal Background Check

3. Requirements

2600.

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

Description of Violation

Staff Member C was hired on (). The home did not complete a criminal background check until ().

POC Submission

Accept () - 09/28/2022)

On 9/19/22 and 9/20/22, administrator and medication supervisor reviewed all employee files for compliance finding no further violations. On 9/19/22, administrator created a new employee file review policy stating administrator will submit new hire files to benefits administrator and medication supervisor for a 2 day review before any new employee is allowed to begin employment. This new policy was effective as of 9/19/22 and will be effective ad infinitum.

See attached.

Licensee's Plan Completion Date: 09/22/2022

Implemented () - 01/05/2023)

53c - Administrator Duties

4. Requirements

2600.

- 53.c. The administrator shall be responsible for the administration and management of the home, including the health, safety and well-being of the residents, implementation of policies and procedures and compliance with this chapter.

Description of Violation

The Administrator is to keep a current and complete list of Residents. On () the Department requested the Resident List and Resident #2 was not present on the list. Resident # 2 was present in the home on () and 8/18/22.

POC Submission

Accept () - 09/28/2022)

As of 9/19/22, the administrator will update the online tabula software resident list and subsequently print said list out to be displayed in the main office and the nurse's station. The medication supervisor will be responsible for ensuring the list in the nurse's station is displayed and up to date. The administrator will be responsible for the list in the main office. On 9/19/22, the medication supervisor instructed all staff on 9/16/22 and 9/19/22 where both lists

53c - Administrator Duties (continued)

will be displayed.

Licensee's Plan Completion Date: 09/22/2022

Implemented () - 01/05/2023)

57c - 2 Hours/Day**5. Requirements**

2600.

57.c. Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.

Description of Violation

On 7/30/22, there were 57 residents in the home, including 4 residents with mobility needs, requiring a total minimum of 61 hours of direct care service. On this date, only 58.5 hours of direct care staffing was provided.

POC Submission

Accept () - 09/28/2022)

On 8/29/2022 Vine Street Manor's med tech supervisor hired one new staff member. On 9/16/2022 two new staff members were hired by the med tech supervisor, however only one new staff member showed up to work. On 9/23/2022 the med tech supervisor hired an additional staff member and arranged the schedule in order to adequately comply and provide care according to state regulations. Starting 09/23/2022, the medication supervisor will be on call and available to provide additional coverage in case any current staffer is unavailable due to emergency/personal situations. Beginning 9/23/22, and weekly thereafter, the administrator and medication supervisor will review staffing on a weekly basis. This will continue for 1 year, and will be extended if necessary.

Licensee's Plan Completion Date: 09/22/2022

Implemented () - 01/05/2023)

57d - Waking Hours**6. Requirements**

2600.

57.d. At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.

Description of Violation

On 7/30/22, a total of 45.75 hours of direct care was required. However, only 44 hours of the required hours, or 70 percent, were provided during waking hours.

POC Submission

Accept () - 09/28/2022)

On 8/29/2022 Vine Street Manor's med tech supervisor hired one new staff member. On 9/16/2022 two new staff members were hired by the med tech supervisor, however only one new staff member showed up to work. On 9/23/2022 the med tech supervisor hired an additional staff member and arranged the schedule in order to adequately comply and provide care according to state regulations. Starting 09/23/2022, the medication supervisor will be on call and available to provide additional coverage in case any current staffer is unavailable due to emergency/personal situations. Beginning 9/23/22, and weekly thereafter, the administrator and medication supervisor will review staffing on a weekly basis. This will continue for 1 years time, or be extended if necessary. Please see attached schedule.

Licensee's Plan Completion Date: 09/22/2022

Implemented () - 01/05/2023)

57d - Waking Hours (*continued*)

65d - Initial Direct Care Training

7. Requirements

2600.

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

2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care Staff Member C, hired on [REDACTED], began providing unsupervised ADL services on [REDACTED]. However, the staff person did not complete and pass the Department-approved direct care training course and pass the competency test until [REDACTED]

POC Submission

Accept ([REDACTED] - 09/28/2022)

On 9/19/22 and 9/20/22, administrator and medication supervisor reviewed all employee files for compliance finding no further violations. On 9/19/22, administrator created a new employee file review policy stating administrator will submit new hire files to benefits administrator and medication supervisor for a two-day review before any new employee is allowed to begin employment. This new policy was effective as of 9/19/22 and will be effective ad infinitum.

Licensee's Plan Completion Date: 09/22/2022

Implemented ([REDACTED] - 01/05/2023)

85a - Sanitary Conditions

8. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 8/17/22 at 1:00 P.M., while interviewing Resident # 2 in the nurses station and community room, there was a strong odor of urine.

POC Submission

Accept ([REDACTED] - 09/28/2022)

Medication supervisor oversaw the hiring of two new housekeeping staff members with a start date of 9/16/22 and 9/23/2022. On 9/16/22 the administrator, administrator designee and medication supervisor provided an orientation to the housekeeping staff detailing the required work including walking the floors checking for acute sanitary issues and cleaning all bathrooms at least every 2 hours and all resident bedrooms every 4 hours. Beginning 9/19/22, the administrator (and administrator designee when administrator is not available) began daily 20 minute minimum building checks that will be in effect and performed ad infinitum.

Licensee's Plan Completion Date: 09/22/2022

Implemented ([REDACTED] - 01/05/2023)

88a - Surfaces

9. Requirements

88a - Surfaces (continued)

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On 8/17/22 at approximately 1:00 P.M., water stained ceiling tiles were observed next to the sprinkler above the medication room entrance.

POC Submission

Accept (████) - 09/28/2022)

On 9/16/22 the administrator coordinated the replacement of the ceiling tiles and new housekeepers were added to roster on 9/16/2022 and 9/23/2022. On 9/16/22 the administrator, administrator designee and medication supervisor provided an orientation to the housekeeping staff detailing the required work including initial cleanings of all bathrooms and bedrooms, then walking the floors checking each bathroom and bedroom for acute sanitary issues and cleaning them as needed. Beginning 9/19/22, the administrator (and administrator designee when administrator is not available) began daily 20 minute minimum building checks that will be in effect and performed ad infinitum.

Licensee's Plan Completion Date: 09/24/2022

Implemented (████) 01/05/2023)

95 - Furniture and Equipment**10. Requirements**

2600.

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

Description of Violation

On 8/17/22 at approximately 1:00 P.M., on the ceiling between the nurse's station and the hallway, a water damaged enclosed beam exposed wires coming from the ceiling tiles were observed.

POC Submission

Accept (████) - 09/28/2022)

On 9/16/22 the administrator coordinated the replacement of the ceiling tiles. Two new housekeepers were added to roster by the medication supervisor on 9/16/2022 and 9/23/2022. On 9/16/22 the administrator, administrator designee and medication supervisor provided an orientation to the housekeeping staff detailing the required work including walking the floors for 20 minutes minimum checking for acute sanitary issues. Beginning 9/19/22, the administrator (and administrator designee when administrator is not available) began daily 20 minute minimum building checks that will be in effect and performed ad infinitum. Starting 9/26/2022 a daily log will be kept in the main office to document the findings of the daily building checks.

Licensee's Plan Completion Date: 09/24/2022

Implemented (████) - 01/05/2023)

141b1 - Annual Medical Evaluation**11. Requirements**

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident 3's most recent medical evaluation was completed on ██████████ The resident's previous medical evaluation was completed on ██████████

141b1 - Annual Medical Evaluation (continued)

POC Submission**Accept (CM - 09/28/2022)**

Between 9/16/22 and 9/19/22, administrator audited all medical evaluations finding no current compliance issues. Resident #3 has agreed to receive services from a PCP referred by the facility who is compliant with the annual medical evaluation requirement. The current resident contract stipulates:

C. Resident Condition and Ability of Home to Meet Resident Needs?1. The resident agrees to have a medical evaluation completed by a physician within 60 days prior to or within 30 days after admission and annually thereafter, or if the condition of the resident changes prior to the annual medical evaluation. Resident also agrees to provide a copy of his/her medical evaluation to the home on the form designated by the department.

Medication supervisor in conjunction with the administrator will ensure compliance by referring to the automatic tickler system in the online facility management software program on a monthly basis. PCP's will be notified of and scheduled for annual medical evaluations coming due 2 months prior to their due dates. Residents who refuse to abide by the resident contract will be issued a 30 day notice and notice of such will be forwarded as an incident report informing DHS.

Licensee's Plan Completion Date: 09/24/2022

Implemented (█ - 01/05/2023)

183d - Prescription Current

12. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 8/18/22, █ prescribed for Resident #4, was in the home's medication cart. However, the medication was discontinued on █.

POC Submission**Accept (█ - 09/28/2022)**

The discontinued medication was immediately removed from the medication cart on 8/18/2022 by the medication supervisor. A med cart audit was completed on 9/19/22 through 9/20/22 by the medication supervisor. Vine Street Manor has requested monthly audits from Medicare pharmacy beginning October (we are still awaiting confirmation of an exact date) and med tech supervisor completed re-certification training on 9/14/2022 with a Temple University "Train the Trainer" Instructor. Med tech supervisor will complete weekly med cart audits for 3 months beginning 9/26/22. The monthly Pharmacy audits will continue ad infinitum.

Licensee's Plan Completion Date: 09/24/2022

Implemented (█ - 01/05/2023)

185a - Implement Storage Procedures

13. Requirements

2600.

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

185a Implement Storage Procedures (continued)

Description of Violation

On 8/18/22, Department Representatives interviewed Staff Member C who reported that he disposes of liquid medication by pouring it down the drain in the home. Staff Member C also stated that he disposes of pills and capsules by placing them in a baggie and then placing it in the trash. The home's medication disposal policy states that the home is to contact the pharmacy to collect the medications in need of disposal.

Resident # 5 is prescribed [REDACTED] every 8 hours. On 8/3/22 the medication administration record (MAR) indicates that this medication was administered at 8:00 A.M., 2:00 P.M., and 10:00 P.M. However, the Narcotic Control Record indicates that this medication was administered twice for 8:00 A.M. on 8/3/22, once at 2:00 P.M. , and once at 10:00 P.M. The count was correct for 4 doses administered and only 3 were recorded as administered. The home could not sufficiently account for one missing Clonazepam pill.

POC Submission

Accept [REDACTED] - 09/28/2022)

Staff member C was terminated on [REDACTED] [REDACTED] pharmacy was notified of error on 8/18/2022. Medication supervisor was re certified on 9/14/2022 by a Temple University "Train the Trainer" Instructor. Staff was instructed by the medication supervisor on proper disposal procedures using the "drug buster" provided by Medcare pharmacy on 9/1/2022. Med tech supervisor will complete weekly med cart audits for 3 months beginning 9/26/22. The monthly Pharmacy audits will continue ad infinitum.

Licensee's Plan Completion Date: 09/24/2022

Implemented [REDACTED] - 01/05/2023)

187a - Medication Record

14. Requirements

2600.

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

5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.

Description of Violation

Resident #5 is prescribed an [REDACTED] with instructions to rotate the site of administration. The home has not indicated the site of administration on the medication administration record.

Resident # 6 is prescribed glucometer checks three times per week. However, the resident's medication administration record indicates that glucometer checks are 3 times per day.

POC Submission

Accept [REDACTED] - 09/28/2022)

Each injection site will be indicated on the MAR under the comment section. On 8/31/2022, the medication supervisor instructed all med techs to use this new process. The med tech supervisor completed re certification training on 9/14/2022 by a Temple University "Train the Trainer" Instructor and will audit all medication logs on a weekly basis. The weekly audits will last for 3 months starting 9/26/2022.

Licensee's Plan Completion Date: 09/24/2022

187a - Medication Record (continued)

Implemented (█ - 01/05/2023)

187b - Date/Time of Medication Admin.

15. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Representatives Interviewed Staff Member C. who admitted to signing the medication administration record prior to administering Resident # 7's artificial tears. This medication was discontinued on █ and the medication administration record was signed up until █ and then crossed out for the entire month by Staff Member C.

POC Submission

Accept (█ - 09/28/2022)

Staff member C was terminated on █. Vine Street Manor has requested monthly audits from Medicare pharmacy beginning October (we are still awaiting confirmation of an exact date) and med tech supervisor completed re-certification training on 9/14/2022 with a Temple University "Train the Trainer" Instructor. On 8/31/2022 the medication supervisor instructed all med techs of the importance of recording times and dates of medication administration properly. The medication supervisor will complete weekly med cart audits for 3 months beginning 9/26/22. The monthly Pharmacy audits will continue ad infinitum.

Licensee's Plan Completion Date: 09/24/2022

Implemented (█ - 01/05/2023)

187c - Refusal of Medication

16. Requirements

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

On █ Resident #6 refused to take blood glucose monitoring. The home did not record this on the medication administration record or notify the prescriber.

POC Submission

Accept (█ - 09/28/2022)

Vine Street Manor's administrator created a refusal log on 08/30/2022 that will be used from this point on. Medication staff was instructed on how to properly use the medication refusal log by the med tech supervisor on 08/31/2022. Med tech supervisor will complete weekly med cart audits for 3 months beginning 9/26/22. Monthly Pharmacy audits will continue ad infinitum. Please see attached.

Licensee's Plan Completion Date: 09/22/2022

Implemented (█ - 01/05/2023)

187d - Follow Prescriber's Orders

17. Requirements

2600.

187d - Follow Prescriber's Orders (continued)

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

Description of Violation

Resident # 5 is prescribed [REDACTED] twice daily. The medication cart in the home contains two full tubes of this medication, both dated as being filled on 12/7/21. One tube is still sealed. The Medication Administration Record indicates that this medication is being applied as prescribed. However, the amount of medication available in the tubes indicates this medication is not being applied. Staff Member C stated that sometimes he does not apply the cream to the resident as prescribed, either because the resident refused or the resident did not need the cream.

POC Submission

Accept [REDACTED] - 09/28/2022)

Staff member C was removed from medication administration and hasn't worked at the facility as of [REDACTED]. On 09/14/2022 the med tech supervisor completed re-certification training by a Temple University "Train the Trainer" Instructor. On 08/31/2022 the med tech supervisor counseled staff on proper prescription following. The med tech supervisor will complete weekly med cart audits for 3 months beginning 9/26/22. The home has also requested that Medicare Pharmacy conduct monthly audits on all medications starting in October. Monthly Pharmacy audits will continue ad infinitum.

Licensee's Plan Completion Date: 09/22/2022

Implemented [REDACTED] - 01/05/2023)

202 - Prohibitions**18. Requirements**

2600.

202. The following procedures are prohibited:

4. A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited. A chemical restraint does not include a drug ordered by a physician or dentist to treat the symptoms of a specific mental, emotional or behavioral condition, or as pretreatment prior to a medical or dental examination or treatment.

Description of Violation

Resident # 7 is prescribed [REDACTED] as needed for [REDACTED]. From 8/1/22 through 8/18/22 the resident was given this medication consistently every 12 hours. The home did not document on the medication administration record the reason for administration or if the medication was effective.

POC Submission

Accept [REDACTED] - 09/28/2022)

Staff member C was removed from medication administration and hasn't worked at Vine Street Manor as of 9/15/2022. Medication training has been completed by the med tech supervisor on 09/14/2022 by a Temple University "Train the Trainer" Instructor. On 08/31/2022 med tech supervisor instructed all med tech staff members to properly use the comment section on the backsides of the MARs.

Vine Street Manor has requested monthly audits from Medicare pharmacy beginning in October. The med tech supervisor will complete weekly med cart audits for 3 months beginning 9/26/22. Monthly Pharmacy audits will continue ad infinitum.

Licensee's Plan Completion Date: 09/22/2022

Implemented [REDACTED] - 01/05/2023)

227c - Support Plan Revision

19. 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 4's assessment was completed on 5/31/21; however, the resident's support plan did not include the resident's behavioral need as the resident recently displayed several episodes of agitation and aggression.

POC Submission

Accept ([redacted]) - 09/28/2022

Benefits administrator, administrator and designee audited all RASP's beginning 8/29/22 through 9/16/22. Appropriate corrections were applied and all RASPS are updated. Benefits administrator updated Resident #4's RASP on 8/29/22. Administrator and benefits administrator began weekly review of Rasp's on 9/23/2022 and will continue for 3 months, unless an extension is found necessary.

Licensee's Plan Completion Date: 09/22/2022

Implemented ([redacted]) - 01/05/2023

251b - Record Entries Legible

20. 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

Resident #5's Narcotic Controlled Substance Record for [redacted] shows the following:

- a write over of the amount of pills remaining after the 8/3/22 2pm administration, 8/10/22's 8am administration, and 8/11/22's 8am administration
- a write over of the time of both administrations on 8/5/22
- a write over of the time of administration on 8/7/22, 8/9/22, and 8/11/22.

Resident #7's medication administration record for August shows that all administrations of [redacted] from 8/1/22 through 8/17/22 were crossed off multiple times where initialed as administered.

POC Submission

Accept ([redacted]) - 09/28/2022

Staff member C was terminated on [redacted] Staff was instructed by Med supervisor on proper usage on 8/31/2022. Medication training has been completed by the med tech supervisor on 9/14/2022 with a Temple University "Train the Trainer" Instructor. Vine Street Manor has requested monthly audits from Medicare pharmacy beginning in October. The med tech supervisor will complete weekly med cart audits for 3 months beginning 9/26/22. Monthly Pharmacy audits will continue ad infinitum.

Licensee's Plan Completion Date: 09/22/2022

Implemented ([redacted]) - 01/05/2023