

Department of Human Services
Bureau of Human Service Licensing

September 28, 2022

[REDACTED]
WELLTOWER OPCO GROUP LLC
[REDACTED]

RE: SUNRISE OF NORTH WALES
1419 HORSHAM ROAD
NORTH WALES, PA, 19454
LICENSE/COC#: 14806

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/23/2022 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: *SUNRISE OF NORTH WALES* License #: *14806* License Expiration: *11/04/2022*
Address: *1419 HORSHAM ROAD, NORTH WALES, PA 19454*
County: *MONTGOMERY* Region: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *WELLTOWER OPCO GROUP LLC*
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Registered Support Staff: *0* Total Daily Staff: *97* Working Staff: *73*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #: [REDACTED]
Reason: *Complaint, Incident* Exit Conference Date: *08/23/2022*

Inspection Dates and Department Representative

08/23/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *92* Residents Served: *70*

Secured Dementia Care Unit

In Home: *Yes* Area: *Reminiscence* Capacity: *58* Residents Served: *19*

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *70*
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *27* Have Physical Disability: *0*

Inspections / Reviews

08/23/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/23/2022*

Inspections / Reviews (*continued*)

09/23/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *10/03/2022*

09/28/2022 - Document Submission

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

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On a date prior to 7/20/22, at Staff person A, using two hands, grabbed/pinched the [REDACTED] of Resident 1. This incident was observed by staff person B and C. Staff persons B and C did not report this incident to anyone in the home at the time of the incident. Staff person B and C, didn't report the incident to staff person D until 7/20/22. However, this allegation of abuse was was not reported to the local area agency on aging.

Plan of Correction**Accept**

incident submitted to DHS on 8/6/2022 under the category of Resident Rights.

Training provided by Resident Care Director and Personal Care Coordinator to Department Coordinators, and community team members on Resident Rights training, Abuse and Neglect, Incident reporting procedures, and Behavioral Expressions.

The Department investigated and informed the Personal Care Coordinator and Resident care Director that it should have been categorized as an allegation of abuse.

The Personal Care Coordinator and Resident Care Director submitted the allegation to the local Area Agency on Aging (AAA) with an Act 13. AAA did not come to the community to investigate. A verbal report was made on 8/23/22.

The incident report was updated, and a final submitted to the Department by the Resident Care Director.

A review of reportable incidents submitted under the category of Residents Rights was completed by the Executive Director to verify all were submitted correctly.

Team members who observe or are informed of abuse or suspected abuse of a resident are to report the allegation to AAA and a supervisor. The Executive Director or designee will conduct the investigation and submit the formal incident report to the Department and Act 13, when applicable to the local AAA.

The Executive Director or designee verify that the required reporting of incident forms is submitted timely.

Documentation of all reportable incidents is maintained along with proof of submission.

The Plan of Correction (POC) is discussed and evaluated (for up to 3 months) by the Executive Director and Coordinators at the Quality Management (QAPI) meeting to verify effectiveness. If not, effective it will be amended and a new POC will be implemented and monitored.

Completion Date: 09/22/2022

Document Submission**Implemented**

incident submitted to DHS on 8/6/2022 under the category of Resident Rights.

Training provided by Resident Care Director and Personal Care Coordinator to Department Coordinators, and community team members on Resident Rights training, Abuse and Neglect, Incident reporting procedures, and Behavioral Expressions.

The Department investigated and informed the Personal Care Coordinator and Resident care Director that it should have been categorized as an allegation of abuse.

The Personal Care Coordinator and Resident Care Director submitted the allegation to the local Area Agency on Aging (AAA) with an Act 13. AAA did not come to the community to investigate. A verbal report was made on

15a - Resident Abuse Report (continued)

8/23/22.

The incident report was updated, and a final submitted to the Department by the Resident Care Director.

A review of reportable incidents submitted under the category of Residents Rights was completed by the Executive Director to verify all were submitted correctly.

Team members who observe or are informed of abuse or suspected abuse of a resident are to report the allegation to AAA and a supervisor. The Executive Director or designee will conduct the investigation and submit the formal incident report to the Department and Act 13, when applicable to the local AAA.

The Executive Director or designee verify that the required reporting of incident forms is submitted timely.

Documentation of all reportable incidents is maintained along with proof of submission.

The Plan of Correction (POC) is discussed and evaluated (for up to 3 months) by the Executive Director and Coordinators at the Quality Management (QAPI) meeting to verify effectiveness. If not, effective it will be amended and a new POC will be implemented and monitored.

15b - 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 a date prior to 7/20/22, at Staff person A, using two hands, grabbed/pinched the [REDACTED] of Resident 1. This incident was observed by staff person B and C. The incident was reported to staff person D on 7/20/22. The home did not develop and implement a plan of supervision or suspend staff person A until 8/5/22.

On a different, undocumented date, sometime on or about 7/25/22, staff person A was observed by staff person B to be taunting/antagonizing and mocking resident 1 in a way that was clearly upsetting the resident. Staff person B reported this to staff person D at the time of the incident however, the home did not develop and implement a plan of supervision or suspend staff person A until 8/5/22.

Plan of Correction**Accept**

Staff person A was placed on paid administrative leave, during investigation of the allegation reported on 7/20/2022.

Staff person B and C received education on immediately reporting suspected abuse of a resident to the local Area Agency on Aging and a supervisor.

Training provided by Resident Care Director, Personal Care Coordinator, or designee to Department Coordinators on Resident Rights training, Abuse and Neglect, Incident reporting procedures, including Plan of Supervision, and Behavioral Expressions.

Team members who observe or are informed of abuse or suspected abuse of a resident are to report the allegation to AAA and a supervisor. The Executive Director or designee will place involved team members on a plan of supervision as applicable, conduct the investigation and submit the formal incident report to the Department and Act 13, when applicable to the local AAA.

15b - Supervisor Plan (continued)

The Executive Director or designee verify that when applicable, team members are placed on a plan of supervision immediately and the required reporting of incident forms are submitted timely. Documentation of all reportable incidents is maintained along with proof of submission.

The POC is discussed and evaluated (for up to 3 months) by the Executive Director and Coordinators at the Quality Management (QAPI) meeting to verify effectiveness. If not, effective it will be amended and a new POC will be implemented and monitored.

Completion Date: 09/22/2022

Document Submission**Implemented**

Staff person A was placed on paid administrative leave, during investigation of the allegation reported on 7/20/2022.

Staff person B and C received education on immediately reporting suspected abuse of a resident to the local Area Agency on Aging and a supervisor.

Training provided by Resident Care Director, Personal Care Coordinator, or designee to Department Coordinators on Resident Rights training, Abuse and Neglect, Incident reporting procedures, including Plan of Supervision, and Behavioral Expressions.

Team members who observe or are informed of abuse or suspected abuse of a resident are to report the allegation to AAA and a supervisor. The Executive Director or designee will place involved team members on a plan of supervision as applicable, conduct the investigation and submit the formal incident report to the Department and Act 13, when applicable to the local AAA.

The Executive Director or designee verify that when applicable, team members are placed on a plan of supervision immediately and the required reporting of incident forms are submitted timely. Documentation of all reportable incidents is maintained along with proof of submission.

The POC is discussed and evaluated (for up to 3 months) by the Executive Director and Coordinators at the Quality Management (QAPI) meeting to verify effectiveness. If not, effective it will be amended and a new POC will be implemented and monitored.

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 an undocumented date, prior to 7/20/22, at Staff person A, using two hands, grabbed/pinched the [REDACTED] of Resident 1. This incident was observed by staff person B and C. Both staff person B and C did not report this to the home at the time of the incident but waited and reported to staff person D on 7/20/22 during a staff meeting. The home did not report this incident to the department until 8/4/22.

On a different, undocumented date, sometime on or about 7/25/22, staff person A was observed by staff person B to be

16c - Written Incident Report (continued)

taunting/antagonizing and mocking resident 1 in a way that was clearly upsetting and distressful to the resident. Staff person B stated that they reported this second incident immediately to staff person D, however, the home did not report this incident to the department until 8/4/22.

Plan of Correction**Accept**

incident submitted to DHS on 8/6/2022 under the category of Resident Rights.

Training provided by Resident Care Director, Personal Care Coordinator, or designee to Department Coordinators, and community team members on Resident Rights training, Abuse and Neglect, Incident reporting procedures, and Behavioral Expressions.

The Department investigated and informed the Personal Care Coordinator and Resident care Director that it should have been categorized as an allegation of abuse.

The Personal Care Coordinator and Resident Care Director submitted the allegation to the local Area Agency on Aging (AAA) with an Act 13. AAA did not come to the community to investigate.

The incident report was updated, and a final submitted to the Department by the Resident Care Director.

A review of reportable incidents submitted under the category of Residents Rights was completed by the Executive Director to verify all were submitted correctly.

Team members who observe or are informed of abuse or suspected abuse of a resident are to report the allegation to AAA and a supervisor. The Executive Director or designee will place involved team members on a plan of supervision as applicable, conduct the investigation and submit the formal incident report to the Department and Act 13, when applicable to the local AAA.

The Executive Director or designee verify that the required reporting of incident forms is submitted timely. Documentation of all reportable incidents is maintained along with proof of submission.

The POC is discussed and evaluated (for up to 3 months) by the Executive Director and Coordinators at the Quality Management (QAPI) meeting to verify effectiveness. If not, effective it will be amended and a new POC will be implemented and monitored.

Completion Date: 09/22/2022

Document Submission**Implemented**

incident submitted to DHS on 8/6/2022 under the category of Resident Rights.

Training provided by Resident Care Director, Personal Care Coordinator, or designee to Department Coordinators, and community team members on Resident Rights training, Abuse and Neglect, Incident reporting procedures, and Behavioral Expressions.

The Department investigated and informed the Personal Care Coordinator and Resident care Director that it

16c - Written Incident Report (continued)

should have been categorized as an allegation of abuse.

The Personal Care Coordinator and Resident Care Director submitted the allegation to the local Area Agency on Aging (AAA) with an Act 13. AAA did not come to the community to investigate.

The incident report was updated, and a final submitted to the Department by the Resident Care Director.

A review of reportable incidents submitted under the category of Residents Rights was completed by the Executive Director to verify all were submitted correctly.

Team members who observe or are informed of abuse or suspected abuse of a resident are to report the allegation to AAA and a supervisor. The Executive Director or designee will place involved team members on a plan of supervision as applicable, conduct the investigation and submit the formal incident report to the Department and Act 13, when applicable to the local AAA.

The Executive Director or designee verify that the required reporting of incident forms is submitted timely. Documentation of all reportable incidents is maintained along with proof of submission.

The POC is discussed and evaluated (for up to 3 months) by the Executive Director and Coordinators at the Quality Management (QAPI) meeting to verify effectiveness. If not, effective it will be amended and a new POC will be implemented and monitored.

42b - Abuse**1. 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

Several staff persons, including staff person B and C witnessed staff person A physically grab resident 1 with both hands in an inappropriate manner on an undocumented date. Staff persons cannot recall the exact date that this occurred however, it is noted in documentation kept by the home that this occurred sometime during a few days prior to 7/20/22. Multiple staff persons, including staff persons B and C, report that they witnessed staff person A walk up behind resident 1, as they were walking down a hall, then, staff person A, placed both hands on the on the residents [REDACTED], over their pants, and squeeze or pinch the resident on both buttocks. Resident 1 responded by swatting at staff person A's hands and yelling out at the staff person. Staff that witnessed the incident report that staff person A then, smiled, laughed and walked away from the resident.

Plan of Correction**Accept**

Staff person A was placed on paid administrative leave, during investigation of the allegation reported on 7/20/2022.

Staff person B and C received education on immediately reporting suspected abuse of a resident to the local Area Agency on Aging and a supervisor.

Training provided by Resident Care Director, Personal Care Coordinator, or designee to Department Coordinators,

42b - Abuse (continued)

and community team members on Resident Rights training, Abuse and Neglect, Incident reporting procedures, and Behavioral Expressions.

Upon hire and annually training is provided to team members on Residents Rights (i.e., treating residents with dignity and respect), and what constitutes abuse, signs and identification of abuse, and reporting procedures.

Team members who observe or are informed of abuse or suspected abuse of a resident are to report the allegation to AAA and a supervisor. The Executive Director or designee will place involved team members on a plan of supervision as applicable, conduct the investigation and submit the formal incident report to the Department and Act 13, when applicable to the local AAA.

The Executive Director or designee verify that the required reporting of incident forms is submitted timely. Documentation of all reportable incidents is maintained along with proof of submission.

The POC is discussed and evaluated (for up to 3 months) by the Executive Director and Coordinators at the Quality Management (QAPI) meeting to verify effectiveness. If not, effective it will be amended and a new POC will be implemented and monitored.

Completion Date: 09/22/2022

Document Submission**Implemented**

Staff person A was placed on paid administrative leave, during investigation of the allegation reported on 7/20/2022.

Staff person B and C received education on immediately reporting suspected abuse of a resident to the local Area Agency on Aging and a supervisor.

Training provided by Resident Care Director, Personal Care Coordinator, or designee to Department Coordinators, and community team members on Resident Rights training, Abuse and Neglect, Incident reporting procedures, and Behavioral Expressions.

Upon hire and annually training is provided to team members on Residents Rights (i.e., treating residents with dignity and respect), and what constitutes abuse, signs and identification of abuse, and reporting procedures.

Team members who observe or are informed of abuse or suspected abuse of a resident are to report the allegation to AAA and a supervisor. The Executive Director or designee will place involved team members on a plan of supervision as applicable, conduct the investigation and submit the formal incident report to the Department and Act 13, when applicable to the local AAA.

The Executive Director or designee verify that the required reporting of incident forms is submitted timely. Documentation of all reportable incidents is maintained along with proof of submission.

The POC is discussed and evaluated (for up to 3 months) by the Executive Director and Coordinators at the Quality Management (QAPI) meeting to verify effectiveness. If not, effective it will be amended and a new POC will be implemented and monitored.

42c - Treatment of Residents

1. Requirements

2600.

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

Description of Violation

Some time during the week surrounding 7/25/22, staff person A was observed by staff person B to be taunting/antagonizing and mocking resident 1. Staff person A saw resident 1 walking down the hall and stated to Staff person B "watch me mess with [them]". Staff person A then walked over to resident 1, began talking to resident 1 and then began to repeat everything resident 1 said back to the resident in a mocking way. Staff person A was reported to be laughing and smiling at the resident and saying "oh [resident], you know we have a love/hate relationship!" and trying to grab resident 1's arms or to hug them as resident tried to walk away. Staff person A was reported to have implied they were just joking with the resident, although resident 1 was observed to be visibly upset and trying to move away from staff person B. During an interview with staff person A, they also stated that they would occasionally call resident 1 a 'poopie head". Staff person A stated that they called the resident this name because resident 1 calls everyone a 'poopie head" and they were just teasing them back.

Plan of Correction

Accept

Staff person A was placed on paid administrate leave, during investigation of the allegation reported on 7/20/2022.

Staff person B and C received education on immediately reporting suspected abuse of a resident to the local Area Agency on Aging and a supervisor.

Training provided by Resident Care Director, Personal Care Coordinator, or designee to Department Coordinators, and community team members on Resident Rights training, Abuse and Neglect, Incident reporting procedures, and Behavioral Expressions.

Upon hire and annually training is provided to team members on Residents Rights (i.e., treating residents with dignity and respect), and what constitutes abuse, signs and identification of abuse, and reporting procedures.

Team members who observe or are informed of abuse or suspected abuse of a resident are to report the allegation to AAA and a supervisor. The Executive Director or designee will place involved team members on a plan of supervision as applicable, conduct the investigation and submit the formal incident report to the Department and Act 13, when applicable to the local AAA.

The Executive Director or designee verify that the required reporting of incident forms is submitted timely. Documentation of all reportable incidents is maintained along with proof of submission.

The POC is discussed and evaluated (for up to 3 months) by the Executive Director and Coordinators at the Quality Management (QAPI) meeting to verify effectiveness. If not, effective it will be amended and a new POC will be implemented and monitored.

Completion Date: 09/22/2022

Document Submission

Implemented

Staff person A was placed on paid administrate leave, during investigation of the allegation reported on 7/20/2022.

42c - Treatment of Residents (continued)

Staff person B and C received education on immediately reporting suspected abuse of a resident to the local Area Agency on Aging and a supervisor.

Training provided by Resident Care Director, Personal Care Coordinator, or designee to Department Coordinators, and community team members on Resident Rights training, Abuse and Neglect, Incident reporting procedures, and Behavioral Expressions.

Upon hire and annually training is provided to team members on Residents Rights (i.e., treating residents with dignity and respect), and what constitutes abuse, signs and identification of abuse, and reporting procedures.

Team members who observe or are informed of abuse or suspected abuse of a resident are to report the allegation to AAA and a supervisor. The Executive Director or designee will place involved team members on a plan of supervision as applicable, conduct the investigation and submit the formal incident report to the Department and Act 13, when applicable to the local AAA.

The Executive Director or designee verify that the required reporting of incident forms is submitted timely. Documentation of all reportable incidents is maintained along with proof of submission.

The POC is discussed and evaluated (for up to 3 months) by the Executive Director and Coordinators at the Quality Management (QAPI) meeting to verify effectiveness. If not, effective it will be amended and a new POC will be implemented and monitored.

54a - Direct Care Staff

1. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

1. Be 18 years of age or older, except as permitted in subsection (b).
2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

Description of Violation

Direct care staff person E, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Accept

Staff person E has been informed of the need to submit proof of a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry. Staff person E resigned from her position and is no longer employed at the facility.

The Business Office Coordinator audited personnel records to verify that direct care staff person have proof of qualifications and proof of completion of initial onboarding training.

The Business Office Coordinator was trained on hiring requirements, including verifying proof of qualifications and completion of initial onboarding training.

54a - Direct Care Staff (continued)

Upon hiring of a new team member, the Business Office Coordinator reviews the personnel record to confirm proof of qualifications and completion of initial onboarding training.

The Executive Director reviewed new team member personnel record to verify all required qualification and training documents have been obtained and filed.

The POC is discussed and evaluated (for up to 3 months) by the Executive Director and Coordinators at the Quality Management (QAPI) meeting to verify effectiveness. If not, effective it will be amended and a new POC will be implemented and monitored.

Completion Date: 09/22/2022

Document Submission **Implemented**

Staff person E has been informed of the need to submit proof of a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry. Staff person E resigned from [REDACTED] position and is no longer employed at the facility.

The Business Office Coordinator audited personnel records to verify that direct care staff person have proof of qualifications and proof of completion of initial onboarding training.

The Business Office Coordinator was trained on hiring requirements, including verifying proof of qualifications and completion of initial onboarding training.

Upon hiring of a new team member, the Business Office Coordinator reviews the personnel record to confirm proof of qualifications and completion of initial onboarding training.

The Executive Director reviewed new team member personnel record to verify all required qualification and training documents have been obtained and filed.

The POC is discussed and evaluated (for up to 3 months) by the Executive Director and Coordinators at the Quality Management (QAPI) meeting to verify effectiveness. If not, effective it will be amended and a new POC will be implemented and monitored.

65d - Initial Direct Care Training

1. Requirements

2600.

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

1. Training that includes a demonstration of job duties, followed by supervised practice.
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person E, hired on [REDACTED] began providing unsupervised ADL services on or about 11/24/21

65d - Initial Direct Care Training (continued)

. However, the staff person did not complete and pass the Department-approved direct care training course and pass the competency test.

Plan of Correction**Accept**

Staff person E has been informed of the need to submit proof of a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry and has been temporarily placed in an ancillary role, until proof of qualifications is furnished. Staff person E resigned from her position and is no longer employed at the facility.

The Business Office Coordinator audited personnel records to verify that direct care staff person have proof of qualifications and proof of completion initial onboarding training, including the Department-approved direct care training course and passing of the competency test.

The Business Office Coordinator was trained on hiring requirements, including verifying proof of qualifications and completion of initial onboarding training, including the Department-approved direct care training course and passing of the competency test.

Upon hiring of a new team member, the Business Office Coordinator reviews the personnel record to confirm proof of qualifications and completion of initial onboarding training, including the Department-approved direct care training course and passing of the competency test.

The Executive Director review new team member personnel record to verify all required qualification and training documents have been obtained and filed.

The POC is discussed and evaluated (for up to 3 months) by the Executive Director and Coordinators at the Quality Management (QAPI) meeting to verify effectiveness. If not, effective it will be amended and a new POC will be implemented and monitored.

Completion Date: 09/22/2022

Document Submission**Implemented**

Staff person E has been informed of the need to submit proof of a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry and has been temporarily placed in an ancillary role, until proof of qualifications is furnished. Staff person E resigned from her position and is no longer employed at the facility.

The Business Office Coordinator audited personnel records to verify that direct care staff person have proof of qualifications and proof of completion initial onboarding training, including the Department-approved direct care training course and passing of the competency test.

The Business Office Coordinator was trained on hiring requirements, including verifying proof of qualifications and completion of initial onboarding training, including the Department-approved direct care training course and passing of the competency test.

Upon hiring of a new team member, the Business Office Coordinator reviews the personnel record to confirm proof of qualifications and completion of initial onboarding training, including the Department-approved direct care

65d - Initial Direct Care Training (continued)

training course and passing of the competency test.

The Executive Director review new team member personnel record to verify all required qualification and training documents have been obtained and filed.

The POC is discussed and evaluated (for up to 3 months) by the Executive Director and Coordinators at the Quality Management (QAPI) meeting to verify effectiveness. If not, effective it will be amended and a new POC will be implemented and monitored.

65a - FS Orientation 1st Day

1. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff person A, whose first day of work was [redacted] did not receive orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services.

Repeat Violation Date: 12/10/21

Plan of Correction

Accept

Staff person E resigned from [redacted] position and is no longer employed at the facility.

The Business Office Coordinator audited personnel records to verify that team members have completed the required orientation in general fire safety and emergency preparedness training prior to or during the first workday.

The Business Office Coordinator was trained on hiring requirements, including verifying proof of qualifications and completion of initial onboarding training, including the required orientation in general fire safety and emergency preparedness training prior to or during the first workday.

Upon hiring of a new team member, the Business Office Coordinator reviews the personnel record to confirm proof of qualifications and completion of initial onboarding training, including the required orientation in general fire safety and emergency preparedness training prior to or during the first workday.

The Executive Director review new team member personnel record to verify all required qualification and training documents have been obtained and filed.

The POC is discussed and evaluated (for up to 3 months) by the Executive Director and Coordinators at the Quality

65a - FS Orientation 1st Day (continued)

Management (QAPI) meeting to verify effectiveness. If not, effective it will be amended and a new POC will be implemented and monitored.

Completion Date: 09/22/2022

Document Submission**Implemented**

Staff person E resigned from [REDACTED] position and is no longer employed at the facility.

The Business Office Coordinator audited personnel records to verify that team members have completed the required orientation in general fire safety and emergency preparedness training prior to or during the first workday.

The Business Office Coordinator was trained on hiring requirements, including verifying proof of qualifications and completion of initial onboarding training, including the required orientation in general fire safety and emergency preparedness training prior to or during the first workday.

Upon hiring of a new team member, the Business Office Coordinator reviews the personnel record to confirm proof of qualifications and completion of initial onboarding training, including the required orientation in general fire safety and emergency preparedness training prior to or during the first workday.

The Executive Director review new team member personnel record to verify all required qualification and training documents have been obtained and filed.

The POC is discussed and evaluated (for up to 3 months) by the Executive Director and Coordinators at the Quality Management (QAPI) meeting to verify effectiveness. If not, effective it will be amended and a new POC will be implemented and monitored.

65b - Rights/Abuse 40 Hours**1. Requirements**

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

Description of Violation

Staff person A completed [REDACTED] 40th scheduled work hour on or about 3/9/22. However, this staff person did not complete training in the following topics: resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § 10225.101—10225.5102), reporting of reportable incidents and conditions.

Repeat Violation Date: 12/10/21

Plan of Correction**Accept**

Staff person E resigned from her position and is no longer employed at the facility.

The Business Office Coordinator audited personnel records to verify that team members have completed the required within 40 scheduled working hours orientation.

The Business Office Coordinator was trained on hiring requirements, including verifying proof of qualifications and completion of initial onboarding training, including the required within 40 scheduled working hours orientation.

Upon hiring of a new team member, the Business Office Coordinator reviews the personnel record to confirm proof

65b - Rights/Abuse 40 Hours (continued)

of qualifications and completion of initial onboarding training, including the required within 40 scheduled working hours orientation.

The Executive Director review new team member personnel record to verify all required qualification and training documents have been obtained and filed.

The POC is discussed and evaluated (for up to 3 months) by the Executive Director and Coordinators at the Quality Management (QAPI) meeting to verify effectiveness. If not, effective it will be amended and a new POC will be implemented and monitored.

Completion Date: 09/22/2022

Document Submission**Implemented**

Staff person E resigned from [REDACTED] position and is no longer employed at the facility.

The Business Office Coordinator audited personnel records to verify that team members have completed the required within 40 scheduled working hours orientation.

The Business Office Coordinator was trained on hiring requirements, including verifying proof of qualifications and completion of initial onboarding training, including the required within 40 scheduled working hours orientation.

Upon hiring of a new team member, the Business Office Coordinator reviews the personnel record to confirm proof of qualifications and completion of initial onboarding training, including the required within 40 scheduled working hours orientation.

The Executive Director review new team member personnel record to verify all required qualification and training documents have been obtained and filed.

The POC is discussed and evaluated (for up to 3 months) by the Executive Director and Coordinators at the Quality Management (QAPI) meeting to verify effectiveness. If not, effective it will be amended and a new POC will be implemented and monitored.