



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Emailing Date: January 10, 2023

[REDACTED]
MILLCREEK MANOR
[REDACTED]

RE: PARKSIDE SUITES/PARKSIDE AT
NORTH EAST
2 GIBSON STREET
NORTH EAST, PA, 16428
LICENSE/COC#: 44656

Dear [REDACTED]

As the result of your home's recent request to adjust the use of the physical space, the Department has granted an approval for a revised license issued under the authority of 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). The approved capacity revision request is the addition of a secured dementia care unit with the licensed capacity of 18. The expiration date of the license remains unchanged.

Any future requests for changes in capacity should be forwarded to the Department for review and consideration in accordance with the applicable regulations. The revised license is enclosed.

Sincerely,

Jamie F. Buchenauer

Jamie Buchenauer
Deputy Secretary
Office of Long-term Living

Enclosure
License

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

Facility Information

Name: *PARKSIDE SUITES/PARKSIDE AT NORTH EAST* License #: *44656* License Expiration: *11/03/2022*
Address: *2 GIBSON STREET, NORTH EAST, PA 16428*
County: *ERIE* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: *8149694800* Email: [REDACTED]

Legal Entity

Name: *MILLCREEK MANOR*
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *Other* Date: *10/18/1989* Issued By: *Dept. Labor & Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *62* Waking Staff: *47*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Incident, New* Exit Conference Date: *09/01/2022*

Inspection Dates and Department Representative

08/30/2022 - On-Site: [REDACTED]
08/31/2022 - On-Site: [REDACTED]
09/01/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *70* Residents Served: *41*

Secured Dementia Care Unit

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

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *40*
Diagnosed with Mental Illness: *21* Diagnosed with Intellectual Disability: *2*
Have Mobility Need: *21* Have Physical Disability: *0*

Inspections / Reviews

08/30/2022 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *10/02/2022*

11/17/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: *12/20/2022*

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *11/25/2022*

12/03/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: *12/20/2022*

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *12/09/2022*

12/12/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: *12/20/2022*

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *12/19/2022*

12/20/2022 - Document Submission

Submitted By: [REDACTED]

Date Submitted: *12/20/2022*

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *12/27/2022*

12/21/2022 - Document Submission

Submitted By: [REDACTED]

Date Submitted: *12/20/2022*

Reviewer: [REDACTED]

Follow-Up Type: *Exception*

17 - Record Confidentiality

1. Requirements

2600.

- 17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 8/30/22, the privacy coding document including resident #1's name, was posted in the lobby along with the License Inspection Summary, dated 8/4/21.

POC Submission

Do Not Accept [REDACTED] - 11/17/2022)

Corrective Action: Parkside North East Administrator and Human Services Licensing Representative remove the document that included resident #1 name and throw the document in the trash. There will be a quarterly audit done as well to make sure we stay in compliance.

Licensee's Plan Completion Date: 09/29/2022

Update: 11/17/2022

Please indicate the following:

- * Date the privacy coding document was removed
- * Begin date of quarterly audit and the person responsible to conduct the audit

Plan of Correction

Do Not Accept [REDACTED] - 12/03/2022)

Corrective Action: Parkside North East Administrator and Human Services Licensing Representative removed the document that included resident #1 name on 9/1/22 and threw the document in the trash. There will be a quarterly audit done starting 10/1/22 as well to make sure we stay in compliance.

Licensee's Proposed Overall Completion Date: 11/23/2022

Update: 12/03/2022

Please indicate the responsible party for the quarterly audit.

Plan of Correction

Accept ([REDACTED] - 12/12/2022)

Corrective Action: Parkside North East Administrator and Human Services Licensing Representative removed the document that included resident #1 name on 9/1/22 and threw the document in the trash. There will be a quarterly audit done starting 10/1/22 as well to make sure we stay in compliance done by Administrator or the designee

Licensee's Proposed Overall Completion Date: 12/09/2022

Evidence of Completion

Implemented [REDACTED] 12/20/2022)

See attached.

23a - Activities of Daily Living Assistance

2. Requirements

2600.

23a - Activities of Daily Living Assistance (continued)

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

The assessment and support plan, dated [REDACTED], for resident #2 indicates the resident requires some supervision in the home and needs attendance when outside the home and/or tends to wander. To meet these needs, staff are to monitor and supervise as needed. On 8/28/22, resident #2 did not receive supervision as required. Sometime between 12:00pm – 1:00pm, resident #2 exited the home, walked 1/2 mile to a private residence and sat on the porch. The homeowner spoke with resident #2, who stated [REDACTED] was on [REDACTED] way home and provided an address. The homeowner offered to drive resident #2 to the address, approximately 0.3 miles away. Upon arriving at the address, the current homeowner recognized resident #2 as the former homeowner, and contacted resident #2's [REDACTED] to explain. Resident #2's [REDACTED] picked up resident #2 and transported [REDACTED] back to the home sometime between 1:00pm-2:00pm. The home was unaware resident #2 left the building.

POC Submission

Do Not Accept ([REDACTED] - 11/17/2022)

Corrective Action: Resident #2 has moved to the [REDACTED] side. Starting 10/1/22 Administrator or Designee will do weekly RASP audits x 4 weeks, Biweekly x 1 month and then once monthly x 4 months.

Licensee's Plan Completion Date: 09/30/2022

Update: 11/17/2022

Please indicate the following:

- * What is the North side?
- * What date did resident #2 move?

Please add a step to include by a specific date and monthly thereafter, the administrator will meet with all direct care staff and review the needs of each resident for whom the staff provides direct care, as indicated in the RASP, to ensure all resident's needs are met. Reviews shall be done with all new hires prior to performing direct care, and all direct care staff within 24 hours of any significant change RASPs.

Plan of Correction

Do Not Accept ([REDACTED] - 12/03/2022)

Corrective Action: Resident #2 moved to the [REDACTED] on [REDACTED]. Starting 10/1/22. Administrator or Designee will educate Direct Care Staff on the needs of their residents as indicated in the RASP on 12/16/22 at monthly staff meeting. Upon hire all new Direct Care Staff will be educated on the importance and where to find the RASP. All Direct Care staff will be notified of any significant change in resident status within 24 hours.

Licensee's Proposed Overall Completion Date: 11/23/2022

Update: 12/03/2022

Please indicate who will be responsible to notify staff of any significant change.

Plan of Correction

Accept ([REDACTED] 12/12/2022)

Corrective Action: Resident #2 moved to the [REDACTED] on [REDACTED]. Starting 10/1/22. Administrator or Designee will educate Direct Care Staff on the needs of their residents as indicated in the RASP on 12/16/22 at monthly staff meeting. Upon hire all new Direct Care Staff will be educated on the importance and where to find the RASP. All Direct Care staff will be notified of any significant change in resident status within 24 hours by the nursing staff.

Licensee's Proposed Overall Completion Date: 12/09/2022

Evidence of Completion

Implemented ([REDACTED] - 12/20/2022)

See attached.

25b - Contract Signatures

3. 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

The resident-home contract, dated 6/28/22, for resident #3 was not signed by the payor.

The resident-home contract, dated 1/26/22, for resident #4 was not signed by the payor.

POC Submission

Do Not Accept (█ - 11/17/2022)

Corrective Action: Parkside North East Administrator and Admin Assistant will completed an audit on all 38 Personal Care Lease . If signatures were missing, they were signed. There will be quarterly audit done as well to make sure we stay in compliance.

Licensee's Plan Completion Date: 09/29/2022

Update: 11/17/2022

Please indicate the following:

- * The date(s) resident #3 and resident #4's resident-home contracts were signed.
- * The date the audit was completed.
- * The date quarterly audits will begin.
- * The person responsible for the audits.

Plan of Correction

Accept (█ - 12/03/2022)

Corrective Action: Parkside North East Administrator and Admin Assistant will complete an audit on all 38 Personal Care Leases. If signatures were missing, they were signed. There will be quarterly audits done by Administrator or Designee as well to make sure we stay in compliance.

Resident #4 █ on 9/3/22 prior to receiving violations from survey, was therefore unable to sign lease.

Resident #3 signed █ lease on 11/7/22.

Audit was completed 10/1/22.

Quarterly Audits will start on 12/8/22 by Administrator or Designee.

Licensee's Proposed Overall Completion Date: 11/23/2022

Evidence of Completion

Not Implemented (█ 12/20/2022)

See attached.

Update: 12/20/2022

Please attach documentation of the following:

10/1/22 audit

Resident #3's signed lease

Evidence of Completion

Implemented (█ - 12/21/2022)

See attached.

25c4 - Payment Responsibility

4. Requirements

- 2600.
- 25.c. At a minimum, the contract must specify the following:
 - 4. The party responsible for payment.

Description of Violation

The resident-home contract , dated 6/28/22, for resident #3 does not specify the party responsible for payment.

The resident-home contract , dated 1/26/22, for resident #4 does not specify the party responsible for payment.

POC Submission

Do Not Accept ([REDACTED] - 11/17/2022)

Corrective Action: Parkside North East Administrator and Admin Assistant will completed an audit on all 38 Personal Care Lease . If signatures were missing, they were signed. There will be quarterly audit done as well to make sure we stay in compliance.

Licensee's Plan Completion Date: 09/29/2022

Update: 11/17/2022

Please indicate the following:

- * The date(s) resident #3 and resident #4's resident-home contracts were updated to indicate the party responsible for payment.
- * The date the audit was completed.
- * The date quarterly audits will begin.
- * Person responsible for the audits.

The plan indicates if signatures were missing, they were signed. Please clarify if the party responsible for payment was audited, and if so, if any missing were updated?

Plan of Correction

Do Not Accept ([REDACTED] - 12/03/2022)

Corrective Action: Parkside North East Administrator and Admin Assistant will complete an audit on all 38 Personal Care Leases. If signatures were missing, they were signed. There will be quarterly audits done by Administrator or Designee as well to make sure we stay in compliance.

Resident #4 [REDACTED] on [REDACTED] prior to receiving violations from survey, was therefore unable to sign lease. Resident #3 signed [REDACTED] lease on 11/7/22.

Audit was completed 10/1/22, audit showed 13 missing Responsible Party signatures, all signatures will be updated by 12/1/22.

Quarterly Audits will start on 12/8/22 by Administrator or Designee.

Licensee's Proposed Overall Completion Date: 11/23/2022

Update: 12/03/2022

*These violations occurred because the resident-home contract did not specify the **party responsible for payment** for resident #3 and resident #4. Please address this in your plans of correction, which currently are regarding signatures of the responsible party, not whether the contract indicates the **party responsible for payment**.*

Plan of Correction

Accept ([REDACTED] - 12/12/2022)

Corrective Action: Parkside North East Administrator and Admin Assistant will complete an audit on all 38 Personal Care Leases. If the party responsible for payment signature were missing, they were signed. There will be quarterly audits done by Administrator or Designee as well to make sure we stay in compliance of party responsible for

25c4 - Payment Responsibility (continued)

payment signature.

Resident #4 [REDACTED] 9 [REDACTED] prior to receiving violations from survey, was therefore unable to sign lease.

Resident #3 signed [REDACTED] lease on 11/7/22.

Audit was completed 10/1/22, audit showed 13 missing Responsible Party signatures, all signatures will be updated by 12/1/22.

Quarterly Audits will start on 12/8/22 by Administrator or Designee.

Licensee's Proposed Overall Completion Date: 12/09/2022

Evidence of Completion

Not Implemented [REDACTED] 12/20/2022)

See attached.

Update: 12/20/2022

Please attach documentation of the following:

10/1/22 audit

Resident #3's signed lease

Evidence of Completion

Implemented [REDACTED] - 12/21/2022)

See attached.

42e - Telephone Access

5. Requirements

2600.

42.e. A resident shall have access to a telephone in the home to make calls in privacy. Nontoll calls shall be without charge to the resident.

Description of Violation

From 8/7/22 to 9/1/22 the home restricted resident #5's use of the home's phone to 2 phone calls per day.

POC Submission

Do Not Accept [REDACTED] - 11/17/2022)

Corrective Action: Phone was returned to resident on 9/1/22 prior to surveyor exiting facility. Staff to be educated on all Resident Rights by Administrator or Designee starting 9/2022 continuing through 6/2023.

Licensee's Plan Completion Date: 09/29/2022

Update: 11/17/2022

Please indicate the specific date education began.

Please indicate a specific completion date for education, not to exceed 12/15/22.

Please add a monitoring step to ensure resident #5 has access to their phone, including begin date, frequency, and responsible person.

Plan of Correction

Do Not Accept [REDACTED] - 12/03/2022)

Corrective Action: Phone was returned to resident on 9/1/22 prior to surveyor exiting facility. Staff to be educated on all Resident Rights by Administrator or Designee starting 9/28/2022 will be completed by 12/15/22.

Administrator or Designee will ensure resident has access to his phone by daily audits x 2 weeks, weekly audits x 4 then monthly audits through 4/26/22.

Licensee's Proposed Overall Completion Date: 11/23/2022

42e - Telephone Access (continued)

Update: 12/03/2022

Please indicate the begin date of the audits.

Plan of Correction

Accept (redacted) - 12/12/2022)

Corrective Action: Phone was returned to resident on 9/1/22 prior to surveyor exiting facility. Staff to be educated on all Resident Rights by Administrator or Designee starting 9/28/2022 will be completed by 12/15/22. Administrator or Designee will ensure resident has access to his phone by daily audits x 2 weeks, weekly audits x 4 then monthly audits through 4/26/22 start on 11/21/22

Licensee's Proposed Overall Completion Date: 12/09/2022

Evidence of Completion

Implemented (redacted) - 12/20/2022)

See attached.

42l - Personal Clothing

6. Requirements

2600.

42.l. A resident has the right to furnish his room and purchase, receive, use and retain personal clothing and possessions.

Description of Violation

From 7/22/22 to 9/1/22 the home confiscated resident #5's personal cell phone and placed it in a bag in the nursing office.

POC Submission

Do Not Accept (redacted) 11/17/2022)

Corrective Action: Phone was returned to resident on 9/1/22 prior to surveyor exiting facility. Staff to be educated on all Resident Rights by Administrator or Designee starting 9/2022 continuing through 6/2023.

Licensee's Plan Completion Date: 09/29/2022

Update: 11/17/2022

Please indicate the specific date education began.

Please indicate a specific completion date for education, not to exceed 12/15/22.

Please add a monitoring step to ensure resident #5 has access to their phone, including begin date, frequency, and responsible person.

Plan of Correction

Do Not Accept (redacted) 12/03/2022)

Corrective Action: Phone was returned to resident on 9/1/22 prior to surveyor exiting facility. Staff to be educated on all Resident Rights by Administrator or Designee starting 9/28/2022 will be completed by 12/15/22. Administrator or Designee will ensure resident has access to his phone by daily audits x 2 weeks, weekly audits x 4 then monthly audits through 4/26/22.

Licensee's Proposed Overall Completion Date: 11/23/2022

Update: 12/03/2022

Please indicate the begin date of the audits.

Plan of Correction

Accept (redacted) - 12/12/2022)

Corrective Action: Phone was returned to resident on 9/1/22 prior to surveyor exiting facility. Staff to be educated on all Resident Rights by Administrator or Designee starting 9/28/2022 will be completed by 12/15/22. Administrator

42l - Personal Clothing (continued)

or Designee will ensure resident has access to his phone by daily audits x 2 weeks, weekly audits x 4 then monthly audits through 4/26/22 starting on 11/21/22.

Licensee's Proposed Overall Completion Date: 12/09/2022

Evidence of Completion

Implemented () - 12/20/2022)

See attached.

42o - Associate/Communicate

7. Requirements

2600.

42.o. A resident has the right to freely associate, organize and communicate with others privately.

Description of Violation

On 8/30/22, resident #5 experienced increased anxiety and symptoms that () believed to be a heart attack, and requested staff send () to the hospital. After determining resident #5's vitals were normal, staff administered anxiety medication and contacted () family, who requested () not be sent to hospital, as vital signs were normal. Resident #5 called a friend and requested help, stating () thought () was having a heart attack and the home would not send () to the hospital. Resident #5's friend arrived at the home to check on () however, staff refused to let () visit. Only after resident #5's friend requested permission to see the resident to tell () was not allowed to stay and visit, did staff permitted resident #5's friend to visit the resident.

POC Submission

Do Not Accept () 11/17/2022)

Corrective Action: Restriction of visitors lifted on 9/1/22 prior to surveyor exiting facility. Staff to be educated on all Resident Rights by Administrator or Designee starting 9/2022 continuing through 6/2023.

Licensee's Plan Completion Date: 09/29/2022

Update: 11/17/2022

Please indicate the specific date education began.

Please indicate a specific completion date for education, not to exceed 12/15/22.

Please add a monitoring step to include privately interviewing 3 residents per week for 4 weeks then monthly for 3 months, to ensure there are no restrictions to visitation, including begin date, frequency, and responsible person.

Plan of Correction

Accept () - 12/03/2022)

Corrective Action: Restriction of visitors lifted on 9/1/22 prior to surveyor exiting facility. Staff to be educated on all Resident Rights by Administrator or Designee starting 9/28/2022 will be completed by 12/15/22. Administrator or Designee will privately interview 3 residents per week for 4 weeks then monthly for 3 months starting 11/28/22.

Licensee's Proposed Overall Completion Date: 11/23/2022

Evidence of Completion

Implemented () - 12/20/2022)

See attached.

42r - Visitation

8. Requirements

2600.

42.r. A resident has the right to receive visitors for a minimum of 12 hours daily, 7 days per week.

Description of Violation

On 8/30/22, resident #5 experienced increased anxiety and symptoms that () believed to be a heart attack, and

42r - Visitation (continued)

requested staff send [redacted] to the hospital. After determining resident #5's vitals were normal, staff administered anxiety medication and contacted [redacted] family, who requested [redacted] not be sent to hospital, as vital signs were normal. Resident #5 called a friend and requested help, stating [redacted] thought [redacted] was having a heart attack and the home would not send [redacted] to the hospital. Resident #5's friend arrived at the home to check on [redacted]; however, staff refused to let [redacted] visit. Only after resident #5's friend requested permission to see the resident to tell [redacted] not allowed to stay and visit, did staff permitted resident #5's friend to visit the resident.

POC Submission **Do Not Accept** ([redacted] - 11/17/2022)

Corrective Action: Restriction of visitors lifted on 9/1/22 prior to surveyor exiting facility. Staff to be educated on all Resident Rights by Administrator or Designee starting 9/2022 continuing through 6/2023.

Licensee's Plan Completion Date: 09/29/2022

Update: 11/17/2022

Please indicate the specific date education began.

Please indicate a specific completion date for education, not to exceed 12/15/22.

Please add a monitoring step to include privately interviewing 3 residents per week for 4 weeks then monthly for 3 months, to ensure there are no restrictions to visitation, including begin date, frequency, and responsible person.

Plan of Correction **Accept** ([redacted] - 12/03/2022)

Corrective Action: Restriction of visitors lifted on 9/1/22 prior to surveyor exiting facility. Staff to be educated on all Resident Rights by Administrator or Designee starting 9/28/2022 will be completed by 12/15/22. Administrator or Designee will privately interview 3 residents per week for 4 weeks then monthly for 3 months starting 11/28/22.

Licensee's Proposed Overall Completion Date: 11/23/2022

Evidence of Completion **Implemented** ([redacted] 12/20/2022)

See attached.

81b - Resident Personal Equipment

9. Requirements

2600.

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

Description of Violation

On 8/30/22, the enabler bar attached to resident #6's bed was uncovered, exposing an area approximately 10" high between the mattress and the top rail support, and approximately 8" wide between the two side rail supports, posing a potential entrapment hazard. The enabler bar was not securely attached to the bed and moved left to right approximately 2", posing a potential fall/entrapment hazard.

POC Submission **Do Not Accept** ([redacted] - 11/17/2022)

Corrective Action: Enabler bar was replaced and secured onsite on 8/31/22. Starting 10/1/22 Administrator or Designee will audit all enabler bars in the building once weekly x 4 weeks, Biweekly x 1 month and then once monthly x 4 months.

Licensee's Plan Completion Date: 09/29/2022

Update: 11/17/2022

Please indicate who replaced and secured the enabler bar.

Please indicate if the new enabler bar has a cover over open areas, or if not, please indicate the measurements of open, uncovered areas.

81b - Resident Personal Equipment (continued)

Please indicate what the audit entails, for example, does it include ensuring the enabler is securely attached in accordance with the manufacture's instructions, covers on enablers, etc?

Plan of Correction**Accept (█ - 12/03/2022)**

Corrective Action: Enabler bar was replaced and secured onsite on 8/31/22 by Director of Maintenance. New enabler has a cover over open areas and is secured to the bed. Starting 11/28/22 Administrator or Designee will audit all enabler bars in the building ensuring they are securely attached to bed with cover over open areas once weekly x 4 weeks, Biweekly x 1 month and then once monthly x 4 months ending 5/1/22

Licensee's Proposed Overall Completion Date: 11/23/2022

Evidence of Completion**Implemented (█ - 12/20/2022)**

See attached.

183d - Prescription Current**10. 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 8/30/22, Senna-S Natural Vegetable Laxative Stool Softener Docusate Sodium 50mg Sennosides 8.6mg was labeled with resident #3's name and found in the medication cart; however, there is no current prescription for this medication.

POC Submission**Do Not Accept (█ - 11/17/2022)**

Corrective Action: Medication was removed from the medication cart onsite on 8/30/22. Starting 10/1/22 Administrator or Designee will do weekly medication cart audits x 4 weeks, Biweekly x 1 month and then once monthly x 4 months.

Licensee's Plan Completion Date: 09/29/2022

Update: 11/17/2022

Please indicate who removed the medication.

Plan of Correction**Accept (█/03/2022)**

Corrective Action: Medication was removed from the medication cart onsite on 8/30/22 by Nurse Manager. Starting 11/28/22 Administrator or Designee will do weekly medication cart audits x 4 weeks, Biweekly x 1 month and then once monthly x 4 months ending 5/1/22

Licensee's Proposed Overall Completion Date: 11/23/2022

Evidence of Completion**Implemented (█ - 12/20/2022)**

See attached.

185a - Implement Storage Procedures**11. Requirements**

185a - Implement Storage Procedures (continued)

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 # 8 is prescribed blood glucose checks twice a day, before breakfast and before dinner. Resident #8's August 2022 medication administration record (MAR) indicates the following blood glucose readings:

- 8/22/22 AM 209
- 8/25/22 AM 172
- 8/27/22 AM 181
- 8/28/22 AM 171
- 8/30/22 AM 227

However, these blood glucose readings are not on resident #8's glucometer.

POC Submission

Do Not Accept (█ - 11/17/2022)

Corrective Action: All trained staff persons will be educated on proper procedure for obtaining blood glucose readings on 9/28/22. Administrator or Designee will audit blood glucose readings, comparing MAR to glucometer once weekly x 4 weeks, Biweekly x 1 month and then once monthly x 4 months.

Licensee's Plan Completion Date: 09/29/2022

Update: 11/17/2022

Please indicate who conducted staff education.
Please indicate the begin date of the audits.

Plan of Correction

Accept (█ 12/03/2022)

Corrective Action: All trained staff persons will be educated on proper procedure for obtaining blood glucose readings on 9/28/22 by Nurse Manager. Administrator or Designee will audit blood glucose readings starting 10/1/22, comparing MAR to glucometer once weekly x 4 weeks, Biweekly x 1 month and then once monthly x 4 months.

Licensee's Proposed Overall Completion Date: 11/23/2022

Evidence of Completion

Not Implemented (█ - 12/20/2022)

See attached.

Update: 12/20/2022

Please attach documentation of education.

Evidence of Completion

Implemented (█ 12/21/2022)

See attached.

187b - Date/Time of Medication Admin.

12. 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

Resident #5 is prescribed Lorazepam 0.5mg - Take 1 tablet by mouth every 6 hours as needed. Resident #5's narcotic count sheet indicates this medication was administered on 8/30/22 at 9:50am, 3:50pm and 9:30pm; however, █ August 2022 MAR indicates it was only administered at 9:30pm on 8/30/22.

187b - Date/Time of Medication Admin. (continued)

POC Submission **Do Not Accept** [REDACTED] - 11/17/2022)

Corrective Action: All trained staff persons will be educated on proper procedure for documenting PRN medication administration on 9/28/22. Administrator or Designee will audit PRN medication administration, comparing MAR to Narcotic book once weekly x 4 weeks, Biweekly x 1 month and then once monthly x 4 months.

Licensee's Plan Completion Date: 09/29/2022

Update: 11/17/2022

Please indicate who conducted staff education.

Please indicate the begin date of the audits.

Plan of Correction **Accept** [REDACTED] - 12/03/2022)

Corrective Action: All trained staff persons will be educated on proper procedure for documenting PRN medication administration on 9/28/22 by Nurse Manager. Administrator or Designee will audit PRN medication administration, comparing MAR to Narcotic book once weekly x 4 weeks, Biweekly x 1 month and then once monthly x 4 months starting 11/28/22.

Licensee's Proposed Overall Completion Date: 11/23/2022

Evidence of Completion **Not Implemented** [REDACTED] - 12/20/2022)

See attached.

Update: 12/20/2022

Please attach documentation of education.

Evidence of Completion [REDACTED] - 12/21/2022)

See attached.

224a - Preadmission Screen Form

13. Requirements

2600.

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

Description of Violation

Resident #7 was admitted to the home on [REDACTED]; however, the resident's preadmission screening form was completed on [REDACTED]

Resident #5 was admitted to the home on [REDACTED] however the resident's preadmission screening form was undated and does not include a determination that the needs of the resident can be met by the services provided by the home.

POC Submission **Do Not Accept** [REDACTED] - 11/17/2022)

Corrective Action: Administrator to educate nursing staff via in-service by 10/1/22. Administrator or Designee will provide copy of completed Preadmission Screen Forms done timely on a monthly basis x 6 months.

Licensee's Plan Completion Date: 09/29/2022

Update: 11/17/2022

Please indicate to whom copies of the completed preadmission screening forms will be provided, including the begin date.

225c - Additional Assessment (continued)

complete whole house DME and RASP audit to update and rectify errors by 10/7/22 then perform monthly accuracy audits thereafter x 6 months.

Resident #4 [REDACTED] on [REDACTED] prior to receiving violations from survey.

Resident #7's RASP updated on 10/5/22 by LPN.

Licensee's Proposed Overall Completion Date: 11/23/2022

Evidence of Completion

Not Implemented [REDACTED] - 12/20/2022)

See attached.

Update: 12/20/2022

Please attach documentation of the following:

Staff education

Audit completed by 10/7/22

Monthly audits

Evidence of Completion

Implemented [REDACTED] - 12/21/2022)

See attached.