

Department of Human Services
Bureau of Human Service Licensing

October 11, 2022

[REDACTED], ADMINISTRATOR
[REDACTED]
[REDACTED]
[REDACTED]

RE: DEER MEADOWS RESIDENCES
8301 ROOSEVELT BOULEVARD
PHILADELPHIA, PA, 19152
LICENSE/COC#: 14126

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/07/2022, 09/08/2022 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: *DEER MEADOWS RESIDENCES* License #: *14126* License Expiration: *12/01/2022*
Address: *8301 ROOSEVELT BOULEVARD, PHILADELPHIA, PA 19152*
County: *PHILADELPHIA* Region: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *DEER MEADOWS OPERATING II LLC*
[REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *10/14/2010* Issued By: *City of Phila Dept of L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *71* Waking Staff: *53*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Complaint* Exit Conference Date: *09/08/2022*

Inspection Dates and Department Representative

09/07/2022 - On-Site: [REDACTED]
09/08/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *182* Residents Served: *53*

Secured Dementia Care Unit

In Home: *Yes* Area: *5th floor* Capacity: *20* Residents Served: *16*

Hospice

Current Residents: *19*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *53*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *18* Have Physical Disability: *0*

Inspections / Reviews

09/07/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/29/2022*

Inspections / Reviews (*continued*)

09/29/2022 - POC Submission

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

10/11/2022 - Document Submission

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

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 9/7/22 the home's most recent License Inspection Summaries, dated 5/17/21,10/19/21, 12/9/21, was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept

Upon recognition of violation 2600 3c. Administrator immediately added missing summaries to the regulatory binder, which is available at all times in the Main Lobby. Administrator or designee will audit on a monthly basis that the binder is up to date on most recent summaries, and report findings at QA meeting. (see attached)

Completion Date: 09/26/2022

Document Submission

Implemented

Upon recognition of violation 2600 3c. Administrator immediately added missing summaries to the regulatory binder, which is available at all times in the Main Lobby. Administrator or designee will audit on a monthly basis that the binder is up to date on most recent summaries, and report findings at QA meeting. (see attached)

25b - Contract Signatures

1. 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 [REDACTED], for resident #1 was not signed by the resident.

Plan of Correction

Accept

Upon recognition of violation 2600 25.b Administrator met with resident #1 and [REDACTED] to review admission agreement/contract on 9/9/2022. Contract was signed by Resident #1's son [REDACTED] upon move in on [REDACTED]. Resident declined to sign the contract on [REDACTED] but did express [REDACTED] wanted [REDACTED] to sign the agreement. Administrator noted resident's request on the signed contract. (see attached).

Administrator completed an audit of all contracts, no further errors were found. (see attached). Administrator reviewed the regulation with the Admissions Coordinator to ensure going forward the regulation is followed. The Admissions coordinator will complete a monthly audit of all new admissions to submit to Administrator or designee to be reviewed at QA meeting. (see attached)

Completion Date: 09/26/2022

Document Submission

Implemented

Upon recognition of violation 2600 25.b Administrator met with resident #1 and his son to review admission agreement/contract on [REDACTED]. Contract was signed by Resident #1's [REDACTED] upon move in on [REDACTED]. Resident declined to sign the contract on [REDACTED] but did express [REDACTED] wanted [REDACTED] to sign the agreement. Administrator noted resident's request on the signed contract. (see attached).

Administrator completed an audit of all contracts, no further errors were found. (see attached). Administrator reviewed the regulation with the Admissions Coordinator to ensure going forward the regulation is followed. The Admissions coordinator will complete a monthly audit of all new admissions to submit to Administrator or designee to be reviewed at QA meeting. (see attached)

41e - Signed Statement

1. Requirements

2600.

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

Description of Violation

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

Plan of Correction

Accept

Upon recognition of violation 2600 41.e Administrator met with resident #1 and [redacted] to review admission agreement/contract on [redacted]. Contract was signed by Resident #1's [redacted] upon move in on [redacted]. Resident declined to sign the contract on [redacted] but did express [redacted] wanted [redacted] to sign the agreement. Administrator noted resident's request on the signed contract.

Deer Meadow's agreement contains a statement acknowledging receipt of agreement, which contains resident right and complaint procedures.

Administrator completed an audit of all contracts, no further errors were found. (see attached). Administrator reviewed the regulation with the Admissions Coordinator to ensure going forward the regulation is followed. The Admissions coordinator will complete a monthly audit of all new admissions to submit to Administrator or designee to be reviewed at QA meeting. (see attached)

Completion Date: 09/26/2022

Document Submission

Implemented

Upon recognition of violation 2600 41.e Administrator met with resident #1 and [redacted] to review admission agreement/contract on [redacted]. Contract was signed by Resident #1's [redacted] upon move in on [redacted]. Resident declined to sign the contract on [redacted] but did express he wanted his son to sign the agreement. Administrator noted resident's request on the signed contract.

Deer Meadow's agreement contains a statement acknowledging receipt of agreement, which contains resident right and complaint procedures.

Administrator completed an audit of all contracts, no further errors were found. (see attached). Administrator reviewed the regulation with the Admissions Coordinator to ensure going forward the regulation is followed. The Admissions coordinator will complete a monthly audit of all new admissions to submit to Administrator or designee to be reviewed at QA meeting. (see attached)

101j7 - Lighting/Operable Lamp

1. Requirements

2600.

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

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

Description of Violation

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

Plan of Correction

Accept

Upon recognition of violation 2600 101.j, Administrator recognized that the resident #2's bed side table lamp's bulb had burned out. A call was placed to maintenance, and the bulb was replaced immediately while inspector was on site. On an ongoing weekly basis, room audits will be completed by Residential Staff and submitted to Administrator or designee to report findings at the Quarterly QA meeting. (see attached)

Completion Date: 09/26/2022

101j7 - Lighting/Operable Lamp (continued)**Document Submission****Implemented**

Upon recognition of violation 2600 101.j, Administrator recognized that the resident #2's bed side table lamp's bulb had burned out. A call was placed to maintenance, and the bulb was replaced immediately while inspector was on site. On an ongoing weekly basis, room audits will be completed by Residential Staff and submitted to Administrator or designee to report findings at the Quarterly QA meeting. (see attached)

103i - Outdated Food**1. Requirements**

2600.
103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

On 9/8/22, in the dry storage area, there was a bag of macaroni and a bag of cornflakes not dated.

Plan of Correction**Accept**

Upon recognition of violation 2600 103.i the bag of macaroni and bag of cornflakes were immediately disposed of, a complete and thorough audit of the dry storage area was completed by the Dietary director, and no further errors were found.

A monthly kitchen audit will be completed by the Administrator or designee, along with a weekly audit to be completed by the Dietary Director and findings will be reported at the QA meeting to be reviewed. (see attached)

Completion Date: 09/26/2022

Document Submission**Implemented**

Upon recognition of violation 2600 103.i the bag of macaroni and bag of cornflakes were immediately disposed of, a complete and thorough audit of the dry storage area was completed by the Dietary director, and no further errors were found.

A monthly kitchen audit will be completed by the Administrator or designee, along with a weekly audit to be completed by the Dietary Director and findings will be reported at the QA meeting to be reviewed. (see attached)

121a - Unobstructed Egress**1. Requirements**

2600.
121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 9/7/22 at 10:45 am, 3 large bags of sand blocked egress from the home's fire tower #5 exit.

Plan of Correction**Accept**

Upon recognition of violation 2600 121.a Maintenance Director immediately removed sand bags from Fire Tower while inspector was on site. He also completed a full audit of all Fire Tower doors and emergency egresses and submitted findings to Administrator. (see attached)

A daily audit of Emergency exits will be completed by the Concierge department, daily findings will be submitted to the Director of Maintenance to be addressed timely. The Director of Maintenance will submit a monthly report to review at QA meeting.

Completion Date: 09/26/2022

Document Submission**Implemented**

Upon recognition of violation 2600 121.a Maintenance Director immediately removed sand bags from Fire Tower

121a - Unobstructed Egress (continued)

while inspector was on site. [REDACTED] also completed a full audit of all Fire Tower doors and emergency egresses and submitted findings to Administrator. (see attached)

A daily audit of Emergency exits will be completed by the Concierge department, daily findings will be submitted to the Director of Maintenance to be addressed timely. The Director of Maintenance will submit a monthly report to review at QA meeting.

133.2 - Exit Signs Direction

1. Requirements

2600.

133.2. Exit Signs - The following requirements apply for a home serving nine or more residents: If the exit or way to reach the exit is not immediately visible, access to exits shall be marked with readily visible signs indicating the direction to travel.

Description of Violation

The exit sign on the 4th floor near Fire Tower 8 is pointing in the wrong direction On 9/7/22, the home served 49 residents.

Plan of Correction

Accept

Upon recognition of violation 2600 133.2 the Maintenance Director immediately corrected Fire Tower Exit Sign. He also completed a full audit of all Fire Tower doors and signs and submitted findings to Administrator. (see attached) A daily audit of Emergency exits will be completed daily by the Concierge department, daily findings will be submitted to the Director of Maintenance to be addressed timely. The Director of Maintenance will submit a monthly report to review at QA meeting.

Completion Date: 09/26/2022

Document Submission

Implemented

Upon recognition of violation 2600 133.2 the Maintenance Director immediately corrected Fire Tower Exit Sign. He also completed a full audit of all Fire Tower doors and signs and submitted findings to Administrator. (see attached) A daily audit of Emergency exits will be completed daily by the Concierge department, daily findings will be submitted to the Director of Maintenance to be addressed timely. The Director of Maintenance will submit a monthly report to review at QA meeting.

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

141a 1-10 Medical Evaluation Information (continued)

Description of Violation

Resident #1's medical evaluation dated [REDACTED] did not include height, weight, and immunization history.

Resident #3's medical evaluation dated [REDACTED] did not include general physical examination, immunization history, ability to self-administer, and health status.

Resident #4's medical evaluation dated [REDACTED] did not include height, weight, immunization history, allergies, and body positioning.

Resident #4's medical evaluation dated [REDACTED] did not include height, weight, immunization history, and ability to self-administer.

Plan of Correction

Accept

Upon recognition of violation 2600 141.a Residential Health Center Coordinator completed a full audit of all DMEs to ensure completion and accuracy of forms for all Personal Care Residents, findings were reported to Administrator. Primary Care physicians were contacted for completion of forms with missing information, all forms have been corrected and completed in Full.

To ensure that every resident going forward has a medical evaluation completed in full a monthly audit will be completed by the Health Center Coordinator or designee, findings will be submitted to and reviewed by Administrator at QA meeting (see attached).

Completion Date: 09/27/2022

Document Submission

Implemented

Upon recognition of violation 2600 141.a Residential Health Center Coordinator completed a full audit of all DMEs to ensure completion and accuracy of forms for all Personal Care Residents, findings were reported to Administrator. Primary Care physicians were contacted for completion of forms with missing information, all forms have been corrected and completed in Full.

To ensure that every resident going forward has a medical evaluation completed in full a monthly audit will be completed by the Health Center Coordinator or designee, findings will be submitted to and reviewed by Administrator at QA meeting (see attached).

141b1 - Annual Medical Evaluation

1. 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 [REDACTED]. The resident's previous medical evaluation was completed on [REDACTED].

Plan of Correction

Accept

Upon recognition of violation 2600 141.b.1 Residential Health Center Coordinator completed a full audit of all DMEs to ensure completion and accuracy of forms for all Personal Care Residents, findings were reported to Administrator.

141b1 - Annual Medical Evaluation (continued)

To ensure that every resident going forward has a medical evaluation completed at least annually, an ongoing Monthly audit will be completed by the coordinator or designee, findings will be submitted to and reviewed by Administrator at QA meeting (see attached).

Completion Date: 09/27/2022

Document Submission

Implemented

Upon recognition of violation 2600 141.b.1 Residential Health Center Coordinator completed a full audit of all DMEs to ensure completion and accuracy of forms for all Personal Care Residents, findings were reported to Administrator. To ensure that every resident going forward has a medical evaluation completed at least annually, an ongoing Monthly audit will be completed by the coordinator or designee, findings will be submitted to and reviewed by Administrator at QA meeting (see attached).

182b - Prescription Medication

1. Requirements

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

1. A physician, licensed dentist, licensed physician’s assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
2. A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
3. A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Description of Violation

On 9/5/22 at 8:00 pm staff person A administered medications to residents to include the following; [redacted] Staff person A has not completed the medication administration training as specified in § 2600.190.

Plan of Correction

Accept

Upon recognition of violation 2600 182.b Administrator immediately contacted a Department of Human Services Medication Administration Course Certified Trainer to ensure completion of medication administration training. Staff Person A completed training on 9/19/2022. (See attached) Administrator completed an audit of all Medical Technician trainings to ensure that all were completed in its entirety. No other errors were found. Human Resources will complete a checklist moving forward of all employee trainings and orientations prior to an employee going onto a schedule. Checklist will be submitted to Administrator and reviewed at quarterly QA meeting by Human Resources department. (see attached.)

Completion Date: 09/27/2022

Document Submission

Implemented

Upon recognition of violation 2600 182.b Administrator immediately contacted a Department of Human Services Medication Administration Course Certified Trainer to ensure completion of medication administration training. Staff Person A completed training on 9/19/2022. (See attached) Administrator completed an audit of all Medical Technician trainings to ensure that all were completed in its entirety. No other errors were found. Human Resources will complete a checklist moving forward of all employee trainings and orientations prior to an employee going onto a schedule. Checklist will be submitted to Administrator and reviewed at quarterly QA meeting by Human Resources department. (see attached.)

185a - Implement Storage Procedures

1. Requirements

2600.

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

Description of Violation

On 9/2/22 at 10:30pm, the glucometer belonging to Resident #5 reads 192. The resident's blood glucose reading is recorded on the Medication Administration Record as 197.

On 9/2/22 at 4:30 pm, glucometer belonging to Resident #5 reads 162. The resident's blood glucose reading is recorded on the Medication Administration Record as 167.

Plan of Correction

Accept

Upon recognition of violation 2600 185a Administrator and Residential Health Center Coordinator completed a Glucometer audit for all residents with glucometer orders. (See attached). Findings were reviewed with staff and education was provided to all Medical Technicians (see attached).

Med Techs or designees will be completing a "shift to shift" daily audit of glucometers (see attached) and submitting findings to the Residential Health Center Coordinator to be reported at quarterly QA meetings for the next 12 months.

See attached.

Completion Date: 09/27/2022

Document Submission

Implemented

Upon recognition of violation 2600 185a Administrator and Residential Health Center Coordinator completed a Glucometer audit for all residents with glucometer orders. (See attached). Findings were reviewed with staff and education was provided to all Medical Technicians (see attached).

Med Techs or designees will be completing a "shift to shift" daily audit of glucometers (see attached) and submitting findings to the Residential Health Center Coordinator to be reported at quarterly QA meetings for the next 12 months.

See attached.

190a - Completion Medication Course

1. Requirements

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person A, who has not successfully completed the Department-approved medications administration course, administered medications to residents to include the following:

On 9/5/22 at 8:00 pm, [redacted] was administered to Resident #3.

On 9/5/22 at 8:00 pm, [redacted] was administered to Resident #3.

On 9/5/22 at 8:00 pm, [redacted] was administered to Resident #5.

Plan of Correction

Accept

Upon recognition of violation 2600 190.a Administrator immediately contacted a Department of Human Services Medication Administration Course Certified Trainer to ensure completion of medication administration training.

190a - Completion Medication Course (continued)

Staff Person A completed training on 9/19/2022. (See attached)

Administrator completed an audit of all Medical Technician trainings to ensure that all were completed in its entirety. No other errors were found. Human Resources will complete a checklist moving forward of all employee trainings and orientations prior to an employee going onto a schedule. Checklist will be submitted to Administrator and reviewed at quarterly QA meeting by Human Resources department. (see attached.)

Completion Date: 09/27/2022

Document Submission

Implemented

Upon recognition of violation 2600 190.a Administrator immediately contacted a Department of Human Services Medication Administration Course Certified Trainer to ensure completion of medication administration training. Staff Person A completed training on 9/19/2022. (See attached)

Administrator completed an audit of all Medical Technician trainings to ensure that all were completed in its entirety. No other errors were found. Human Resources will complete a checklist moving forward of all employee trainings and orientations prior to an employee going onto a schedule. Checklist will be submitted to Administrator and reviewed at quarterly QA meeting by Human Resources department. (see attached.)

191 - Resident Right to Refuse

1. Requirements

2600.

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

Description of Violation

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

Plan of Correction

Accept

Upon recognition of violation 2600 191 Administrator met with resident #1 and [REDACTED] to review admission agreement/contract with includes the Resident Rights, and other forms and statements on [REDACTED]. Contract was signed by Resident #1's [REDACTED] upon move in on [REDACTED]. Resident declined to sign the contract on [REDACTED] but did express [REDACTED] wanted [REDACTED] to sign the agreement. Administrator noted resident's request on the signed contract. (see attached). Deer Meadow's admission agreement/contract includes Resident Rights, which includes resident's right to refuse medication if the resident believes that there may be a medication error.

Administrator completed an audit of all contracts, no further errors were found. (see attached). Administrator reviewed the regulation with the Admissions Coordinator to ensure going forward the regulation is followed. The Admissions coordinator will complete a monthly audit of all new admissions to submit to Administrator or designee to be reviewed at QA meeting. (see attached)

Completion Date: 09/27/2022

Document Submission

Implemented

Upon recognition of violation 2600 191 Administrator met with resident #1 and [REDACTED] to review admission agreement/contract with includes the Resident Rights, and other forms and statements on [REDACTED]. Contract was signed by Resident #1's [REDACTED] upon move in on [REDACTED]. Resident declined to sign the contract on [REDACTED] but did express [REDACTED] wanted [REDACTED] to sign the agreement. Administrator noted resident's request on the signed contract. (see attached). Deer Meadow's admission agreement/contract includes Resident Rights, which includes resident's right to refuse medication if the resident believes that there may be a medication error.

Administrator completed an audit of all contracts, no further errors were found. (see attached). Administrator reviewed the regulation with the Admissions Coordinator to ensure going forward the regulation is followed. The

191 - Resident Right to Refuse (continued)

Admissions coordinator will complete a monthly audit of all new admissions to submit to Administrator or designee to be reviewed at QA meeting. (see attached)

224a - Preadmission Screen Form

1. Requirements

2600.

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

Description of Violation

Resident #5 was admitted to the home on [REDACTED] however, the resident's preadmission screening form was completed on 6/19/20.

Plan of Correction

Accept

Upon recognition of violation 2600 224.a Administrator met with Resident #5 to complete a full up to date Prescreen. Administrator notified resident's family that there were no changes to resident's prescreen, per resident's request. Administrator completed a full audit of all Preadmission screening forms and found no further errors (see attached). Administrator completed a "preadmission check list" and education to the Admissions team to help ensure error does not happen again.

See attached.

Completion Date: 09/27/2022

Document Submission

Implemented

Upon recognition of violation 2600 224.a Administrator met with Resident #5 to complete a full up to date Prescreen. Administrator notified resident's family that there were no changes to resident's prescreen, per resident's request. Administrator completed a full audit of all Preadmission screening forms and found no further errors (see attached). Administrator completed a "preadmission check list" and education to the Admissions team to help ensure error does not happen again.

See attached.

2. 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 #6's preadmission screening form, dated 5/20/22, does not include a determination that the needs of the resident can be met by the services provided by the home.

Plan of Correction

Accept

Upon recognition of violation 2600 224.a Administrator met with Resident #6 to complete a full up to date Prescreen. Administrator notified resident and resident's family that there were no changes to resident's prescreen, per resident's request. Administrator completed a full audit of all Preadmission screening forms and found no further errors (see attached). Administrator completed a "preadmission check list" and education the Admissions team to help ensure error does not happen again.

Completion Date: 09/27/2022

224a - Preadmission Screen Form (continued)

Document Submission

Implemented

Upon recognition of violation 2600 224.a Administrator met with Resident #6 to complete a full up to date Prescreen. Administrator notified resident and resident's family that there were no changes to resident's prescreen, per resident's request. Administrator completed a full audit of all Preadmission screening forms and found no further errors (see attached). Administrator completed a "preadmission check list" and education the Admissions team to help ensure error does not happen again.

225c - Additional Assessment

1. Requirements

2600.

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

- 1. Annually.
- 2. If the condition of the resident significantly changes prior to the annual assessment.
- 3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident #3's current assessment was completed on [REDACTED]. However, the resident's previous assessment was completed on [REDACTED].

Plan of Correction

Accept

Upon recognition of violation 2600 225c Residential Health Center Coordinator completed a full audit of all DMEs to ensure completion and accuracy of forms for all Personal Care Residents, findings were reported to Administrator. To ensure that every resident going forward has a medical evaluation at least annually, an ongoing Monthly audit will be completed by the coordinator or designee, findings will be submitted to and reviewed by Administrator at QA meeting (see attached).

Completion Date: 09/27/2022

Document Submission

Implemented

Upon recognition of violation 2600 225c Residential Health Center Coordinator completed a full audit of all DMEs to ensure completion and accuracy of forms for all Personal Care Residents, findings were reported to Administrator. To ensure that every resident going forward has a medical evaluation at least annually, an ongoing Monthly audit will be completed by the coordinator or designee, findings will be submitted to and reviewed by Administrator at QA meeting (see attached).

227g -Support Plan Signatures

1. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #3 participated in the development of the resident's support plan on [REDACTED]. However, the resident did not sign the support plan.

Resident #4 participated in the development of the resident's support plan on [REDACTED]. However, the resident did not sign the support plan.

Plan of Correction

Accept

Upon recognition of violation 2600 227.g Administrator met with Resident #3 on [REDACTED] to review RASP,

227g -Support Plan Signatures (continued)

resident did participate and agreed to sign support plan from [redacted]. Administrator met with Resident #4 on 9/15/2022 to review RASP from [redacted], resident did participate in meeting but declined to sign RASP. Administrator made note of declination appropriately. Administrator met with staff to review requirements of RASP (see attached) and expectations of documentation. Social Worker will complete audit of RASPs to be completed monthly and given to Administrator or designee to be reviewed at quarterly QA meeting (see attached).

See attached.

Completion Date: 09/27/2022

Document Submission

Implemented

Upon recognition of violation 2600 227.g Administrator met with Resident #3 on [redacted] to review RASP, resident did participate and agreed to sign support plan from [redacted]. Administrator met with Resident #4 on [redacted] to review RASP from [redacted] resident did participate in meeting but declined to sign RASP. Administrator made note of declination appropriately. Administrator met with staff to review requirements of RASP (see attached) and expectations of documentation. Social Worker will complete audit of RASPs to be completed monthly and given to Administrator or designee to be reviewed at quarterly QA meeting (see attached).

See attached.

85d - Trash Receptacles

1. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 9/8/22 at 9:24 am there was a 2/3 full, uncovered, unattended trash can in the main kitchen.

Repeat Violation: 5/17/21 et al.

Plan of Correction

Accept

Upon recognition of violation 2600 85.d the trash can lid was immediately placed onto the trashcan. It should be noted that staff in the kitchen were actively working with the trashcan, cleaning the tray line from the Breakfast meal. Staff were educated that should they walk away from the trashcan, the lid must be placed on. A monthly kitchen audit will be completed by the Administrator or designee, along with a weekly audit to be completed by the Dietary Director and findings will be reported at the QA meeting to be reviewed.

Completion Date: 09/26/2022

Document Submission

Implemented

Upon recognition of violation 2600 85.d the trash can lid was immediately placed onto the trashcan. It should be noted that staff in the kitchen were actively working with the trashcan, cleaning the tray line from the Breakfast meal. Staff were educated that should they walk away from the trashcan, the lid must be placed on. A monthly kitchen audit will be completed by the Administrator or designee, along with a weekly audit to be completed by the Dietary Director and findings will be reported at the QA meeting to be reviewed.