



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail: [Jcole6787a@gmail.com](mailto:Jcole6787a@gmail.com)  
E-Mail Date: October 7, 2022

[REDACTED], Administrator  
[REDACTED]  
[REDACTED]

RE: New Life Personal Care  
2521 Versailles Avenue  
McKeesport, PA 15132  
License #: 43121

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on September 7, 2022 found violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). The enclosed Licensing Inspection Summary (LIS) specifies the violations.

On September 20, 2022, we requested that you complete a plan to correct the violations. On September 30, 2022, we attempted to call you and sent an email requesting an acceptable plan of correction; to date, we have not received an acceptable plan to correct the violations. Therefore, we have attached a directed plan to correct the violations.

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

Sincerely, /

[REDACTED]

Human Services Licensing Supervisor

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

**Facility Information**

Name: *NEW LIFE PERSONAL CARE* License #: *43121* License Expiration: *10/27/2022*  
Address: *2521 VERSAILLES AVENUE, MCKEESPORT, PA 15132*  
County: *ALLEGHENY* Region: *WESTERN*

**Administrator**

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

**Legal Entity**

Name: *NEW LIFE PERSONAL CARE HOME, INC.*  
Address: [REDACTED]  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *I-1* Date: *06/02/2000* Issued By: *City of McKeesport*

**Staffing Hours**

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

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *09/07/2022*

**Inspection Dates and Department Representative**

*09/07/2022 - On-Site* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

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

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *0*

**Number of Residents Who:**

Receive Supplemental Security Income: *11* Are 60 Years of Age or Older: *15*  
Diagnosed with Mental Illness: *8* Diagnosed with Intellectual Disability: *4*  
Have Mobility Need: *0* Have Physical Disability: *1*

**Inspections / Reviews**

**09/07/2022 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *Exception* Follow-Up Date:

## 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

The following items were not posted in a conspicuous and public place in the home:

- The home's current license, dated 10/27/21 through 10/27/22
- The license inspection summary, dated 6/28/21

## Correction

*Directed*

*DIRECTED: Within 72 hours of receipt of the plan of correction: The administrator shall ensure all items indicated in 2600.3c are posted in a public and conspicuous place in the home, to include the home's current license and the license inspection summary, dated 6/28/21. [REDACTED] 10/7/22*

*DIRECTED: Beginning on 11/1/22: The administrator shall inspect the home monthly to ensure all items specified in 2600.3c are posted in a public and conspicuous place in the home. [REDACTED] 10/7/22*

**Completion Date:** 11/01/2022

## 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

*There were 2 grocery bags full of trash in the home's designated smoking area, which contained a medication bag that included the names of numerous medications resident #3 is prescribed, to include [REDACTED]*

## Correction

*Directed*

*DIRECTED: Within 72 hours of receipt of the plan of correction, then weekly thereafter: The administrator shall inspect the home, including the home's designated smoking section, to ensure no resident information is left unlocked and unattended. [REDACTED] 10/7/22*

*DIRECTED: Within 7 calendar days of receipt of the plan of correction: All staff persons shall be educated that all resident information shall be kept in an area that is locked. Documentation of the education shall be kept. [REDACTED] 10/7/22*

**Completion Date:** 10/14/2022

## 18 - Compliance With Laws

## 1. Requirements

2600.

**18 - Compliance With Laws (continued)**

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

**Description of Violation**

*The Care Facility Carbon Monoxide Alarms Standards Act, enacted 6/23/16, requires carbon monoxide alarms to be installed in close proximity of, but not less than 15 feet from any fossil-fuel burning device or appliance. If the carbon monoxide alarm operates by a battery, the battery must be labeled with the date of installation and replaced at least once annually. The battery-operated carbon monoxide detectors located in the following areas are not labeled with the date of battery installation:*

- 2nd floor sitting room
- Outside the boiler room
- Center stairwell

REPEAT VIOLATION: 6/28/2021

**Correction****Directed**

*DIRECTED: Within 72 hours of receipt of the plan of correction: The administrator shall change the batteries in all carbon monoxide detectors. The date of battery installation shall be indicated on a label on each carbon monoxide detector. ■ 10/7/22*

*DIRECTED: Beginning on 11/1/22: All carbon monoxide detectors shall be checked at least quarterly to ensure they are still operable. All batteries in all carbon monoxide detectors shall be changed at least annually. Once the batteries have been changed, a new label shall immediately be placed on each carbon monoxide detector indicating the date the batteries were changed. ■ 10/7/22*

**Completion Date:** 11/01/2022

**26a - Quality Management Plan****1. Requirements**

2600.

26.a. The home shall establish and implement a quality management plan.

**Description of Violation**

*The home has not conducted a quality management review within the past year.*

**Correction****Directed**

*DIRECTED: Within 7 calendar days of receipt of the plan of correction: The home shall conduct a quality management review, which includes a review of all topics specified in 2600.26b. Documentation of the quality management review shall be kept. ■ 10/7/22*

*DIRECTED: By 11/1/22: The administrator shall develop and implement a system to ensure a quality management review is conducted at least annually and includes a review of all topics specified in 2600.26b. Documentation of the system shall be kept. Documentation of all quality management reviews shall be kept. ■ 10/7/22*

**Completion Date:** 11/01/2022

**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:

**65d - Initial Direct Care Training (continued)**

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 A, hired on [REDACTED], has not successfully completed and passed the Department-approved direct care training course or pass the competency test.

**Correction****Directed**

*DIRECTED: Within 5 calendar days of receipt of the plan of correction: Direct care staff person A shall successfully complete and pass the Department-approved direct care training course and pass of the competency test. Direct care staff person A shall not provide unsupervised ADL services until successful completion of the Department-approved direct care training course and passing of the competency test. A copy of staff persons A's certificate shall be kept in staff person A's record. [REDACTED] 10/7/22*

*DIRECTED: Within 7 calendar days of receipt of the plan of correction: The administrator shall review all current direct care staff records to ensure each direct care staff person has successfully completed and passed the Department-approved direct care training course and passed the competency test. Copies of each direct care staff person's certificate shall be kept in their records. [REDACTED] 10/7/22*

*DIRECTED: Within 7 calendar days of receipt of the plan of correction: The administrator shall develop and implement a new-hire checklist to ensure all newly-hired direct care staff persons receive training on all topics specified in 2600.65d, including each direct care staff person successfully completes and passes the Department-approved direct care training course and passes of the competency test prior to providing unsupervised ADL services to residents. Documentation of all completed trainings shall be kept in each staff person's record. The completed new-hire checklist shall be kept in each staff person's record. [REDACTED] 10/7/22*

**Completion Date:** 10/14/2022

**85a - Sanitary Conditions****1. Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

**Description of Violation**

*The following items were open and unlabeled in the home's shared 1st floor bathroom closet:*

- *A 1 quart bottle of Listerine*
- *A 20 oz. bottle of Spa Soap Men's Body Wash*
- *A 13 oz. bottle of Maui shampoo*
- *A 13 oz. bottle of Maui conditioner*

*There was an approximate 5' by 5' area of dried vomit present on the carpet next to resident #2's bed. Resident #2 indicated the vomit has been on the resident's carpet for months and has not been cleaned by the home.*

**REPEAT VIOLATION:** 6/28/2021

**Correction****Directed**

*DIRECTED: Within 72 hours of receipt of the plan of correction: The administrator shall inspect the home and*

**85a - Sanitary Conditions (continued)**

remove all unlabeled toiletries from the home. ■ 10/7/22

*DIRECTED: Within 72 hours of receipt of the plan of correction: The administrator shall clean the carpeting in resident #2's bedroom. If the carpeting is unable to be cleaned, a professional carpet cleaning service shall be contacted to professionally clean the carpeting in resident #2's bedroom within 30 calendar days of receipt of the plan of correction. ■ 10/7/22*

*DIRECTED; Within 72 hours of receipt of the plan of correction: The administrator shall develop and implement a daily cleaning schedule to ensure sanitary conditions are maintained. The schedule shall include a daily inspection of resident bedrooms and all bathrooms to ensure sanitary conditions are maintained and there are no unlabeled resident toiletry items. Documentation of the daily cleaning schedule shall be kept. All staff persons shall be educated on the new cleaning schedule within 7 calendar days of receipt of the plan of correction. Documentation of the education shall be kept. ■ 10/7/22*

*DIRECTED: Beginning on 10/15/22: The administrator shall inspect the home each day they are present in the home to ensure sanitary conditions are maintained and that there are no unlabeled resident toiletry items. ■ 10/7/22*

**Completion Date: 11/07/2022**

**85b - Infestation****1. Requirements**

2600.

85.b. There may be no evidence of infestation of insects or rodents in the home.

**Description of Violation**

*Agents of the Department observed an extensive amount of live bed bugs in the shared bedroom of residents #2, #6, and #7. There were also approximately 3 live bed bugs crawling on resident #8's bed sheets. Staff person B, ■, indicated the home has been actively treating bed bugs throughout the home since 4/13/22.*

**Correction****Directed**

*DIRECTED: Within 72 hours of receipt of the plan of correction: The administrator shall contact a professional exterminator trained in bed bug removal to schedule an onsite visit for bed bug remediation, which shall occur within 30 calendar days of receipt of the plan of correction. The home shall follow all recommendations indicated by the professional exterminator, including the need for future visits. The administrator shall monitor the home weekly for any bed bugs and update the professional exterminator of findings to determine if additional remedial action is necessary. Documentation of all visits by the exterminator shall be kept. ■ 10/7/22*

**Completion Date: 11/07/2022**

**85e - Trash Outside Home****1. Requirements**

2600.

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

**Description of Violation**

*There were 2 grocery bags which were completely full and overflowing of garbage and cigarette butts present in the*

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

home's designated smoking area.

**Correction****Directed**

*DIRECTED: Within 72 hours of receipt of the plan of correction, then weekly thereafter: The administrator shall inspect the exterior of the home to ensure all trash outside the home is kept in covered receptacles. ■ 10/7/22*

*DIRECTED: Within 7 calendar days of receipt of the plan of correction: All staff persons shall be educated that all trash outside the home shall be kept in covered receptacles. Documentation of the education shall be kept. ■ 10/7/22*

**Completion Date: 10/14/2022**

**89b - Hot Water Temperature****1. Requirements**

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

**Description of Violation**

*At 10:27 am, the hot water at the 1st floor bathroom sink was 124.7 degrees Fahrenheit.*

*At 10:37 am, the hot water at the home's 2nd floor bathroom sink was 122.9 degrees Fahrenheit.*

*REPEAT VIOLATION: 6/28/2021*

**Correction****Directed**

*DIRECTED: Within 24 hours of receipt of the plan of correction: The administrator shall adjust the home's hot water tanks then take the temperature of the hot water an hour after the adjustment has been made to ensure the hot water temperature in areas accessible to residents does not exceed 120°F. ■ 10/7/22*

*DIRECTED: Within 72 hours of receipt of the plan of correction: The administrator shall measure the hot water temperature from at least 3 hot water sources daily for 1 month, then weekly thereafter to ensure the hot water temperature does not exceed 120°F. Documentation of the hot water temperatures shall be kept. ■ 10/7/22*

**Completion Date: 10/21/2022**

**91 - Telephone Numbers****1. Requirements**

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

**Description of Violation**

*The telephone numbers posted next to the telephone near the medication cart in the home's kitchen only included the telephone numbers to poison control and the nearest hospital.*

**91 - Telephone Numbers (continued)**

The telephone numbers posed next to the telephone near the refrigerator in the home's kitchen only included the telephone number for the personal care home complaint hotline.

**Correction****Directed**

*DIRECTED: Within 72 hours of receipt of the plan of correction, then monthly thereafter: The administrator shall inspect all telephones with an outside line to ensure all telephone numbers indicated in 2600.91 are posted on or near each telephone. ■■■ 10/7/22*

*DIRECTED: Within 7 calendar days of receipt of the plan of correction: All staff persons shall be educated that the telephone numbers indicated in 2600.91 must be posted on or near all telephones with an outside line. Documentation of the education shall be kept. ■■■ 10/7/22*

**Completion Date:** 10/14/2022

**101j2 - Bedroom Chairs****1. Requirements**

2600.  
101.j. Each resident shall have the following in the bedroom:  
2. A chair for each resident that meets the resident's needs.

**Description of Violation**

*Residents #2, #6, and #7 share a bedroom; however, there are only 2 chairs present in the residents' shared bedroom.*

*REPEAT VIOLATION: 6/28/2021*

**Correction****Directed**

*DIRECTED: Within 72 hours of receipt of the plan of correction, then monthly thereafter: The administrator shall inspect all resident bedrooms, including the bedrooms of residents #2, #6 and #7, to ensure a chair is present for each resident that meets the residents' needs. Documentation of the audits shall be kept. ■■■ 10/7/22*

*DIRECTED: Within 7 calendar days of receipt of the plan of correction: All staff persons shall be educated that each resident shall have a chair in their room that meets the residents' needs. Documentation of the education shall be kept. ■■■ 10/7/22*

**Completion Date:** 10/14/2022

**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**

*Resident #2's bedside lamp is inoperable and cannot be turned on/off at bedside.*

*Resident #5 does not have an operable lamp or other source of lighting that can be turned on/off at bedside.*

101j7 - Lighting/Operable Lamp (continued)

REPEAT VIOLATION: 6/28/2021

**Correction**

**Directed**

*DIRECTED: Within 72 hours of receipt of the plan of correction, then weekly thereafter: The administrator shall inspect all resident bedrooms, including the bedrooms of residents #2 and #5, to ensure each resident has an operable lamp or other source of lighting that can be turned on at bedside. Documentation of the audits shall be kept. [REDACTED] 10/7/22*

*DIRECTED: Within 7 calendar days of receipt of the plan of correction: All staff persons shall be educated that each resident shall have an operable lamp or other source of lighting that can be turned on at bedside. Documentation of the education shall be kept. [REDACTED] 10/7/22*

**Completion Date: 10/14/2022**

102i - Soap Dispenser

**1. Requirements**

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

**Description of Violation**

*At approximately 10:45 am, there were 2 unlabeled bars of soap present in the the 2nd floor bathroom medicine cabinet, an unlabeled and used bar of soap present in the sink's soap holder, and an unlabeled and used bar of soap present in the bathtub.*

REPEAT VIOLATION: 6/28/2021

**Correction**

**Directed**

*DIRECTED: Within 72 hours of receipt of the plan of correction: The administrator shall inspect all bathrooms to ensure no unlabeled bars of soap are present and that a dispenser with soap is present at each sink. [REDACTED] 10/7/22*

*DIRECTED; Within 72 hours of receipt of the plan of correction: The administrator shall develop and implement a daily cleaning schedule to ensure there are no unlabeled bars of soap present in the home and that a dispenser with soap is present at each sink. Documentation of the daily cleaning schedule shall be kept. All staff persons shall be educated on the new cleaning schedule within 7 calendar days of receipt of the plan of correction. Documentation of the education shall be kept. [REDACTED] 10/7/22*

*DIRECTED: Beginning on 10/15/22: The administrator shall inspect the home each day they are present in the home to ensure there are no unlabeled bars of soap present and that a dispenser with soap is present at each sink.*

*[REDACTED] 10/7/22*

**Completion Date: 10/15/2022**

103f - Refrigerator/Freezer Temps

**1. Requirements**

2600.

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

**Description of Violation**

*At 10:07 am, the white Kenmore refrigerator, located in the home's basement, was 50 degrees Fahrenheit.*

*REPEAT VIOLATION: 6/28/2021*

**Correction****Directed**

*DIRECTED: Within 72 hours of receipt of the plan of correction: The temperature of the Kenmore refrigerator, located in the home's basement, shall be adjusted and a new thermometer shall be placed in the refrigerator. The temperature of the refrigerator shall be checked after 1 hour of placing the new thermometer in the refrigerator. If the temperature is found to exceed temperatures indicated in 2600.103f, all food items shall be removed and the refrigerator shall not be used until serviced by a professional. ■ 10/7/22*

*DIRECTED: Within 72 hours of receipt of the plan of correction: The administrator shall inspect all refrigerators and freezers to ensure operable thermometers are present and proper food handling temperatures are maintained in accordance with 2600.103f. ■ 10/7/22*

*DIRECTED: Beginning on 10/14/22: The cook shall inspect all refrigerators and freezers daily for 2 months then weekly thereafter to ensure operable thermometers are present and proper food handling temperatures are maintained in accordance with 2600.103f. Documentation of the temperatures shall be kept. The cook shall be educated on proper food handling temperatures in accordance with 2600.103f within 7 calendar days of receipt of the plan of correction. Documentation of the education shall be kept. ■ 10/7/22*

**Completion Date:** 10/21/2022

**104b - Dishes/Glassware/Utensils****1. Requirements**

2600.

104.b. Dishes, glassware and utensils shall be provided for eating, drinking, preparing and serving food. These utensils must be clean, and free of chips and cracks. Plastic and paper plates, utensils and cups for meals may not be used on a regular basis.

**Description of Violation**

*There were 2 mugs on the home's kitchen counter with numerous chips and both handles of the mugs were broken off. These mugs are regularly used by residents of the home.*

**Correction****Directed**

*DIRECTED: Within 72 hours of receipt of the plan of correction, then weekly thereafter: The cook shall inspect all dishes, glassware and utensils to ensure they are clean, and free of chips and cracks. Any dishes, glassware or utensils found to be chipped or cracked shall immediately be disposed of. LM 10/7/22*

*DIRECTED: Within 7 calendar days of receipt of the plan of correction: All staff persons shall be educated that all dishes, glassware and utensils must be clean, and free of chips and cracks. Documentation of the education shall*

**104b - Dishes/Glassware/Utensils (continued)**

be kept. ■■■ 10/7/22

Completion Date: 10/14/2022

**141b1 - Annual Medical Evaluation****1. Requirements**

2600.

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

**Description of Violation**

Resident #2's most recent medical evaluation was completed on ■■■.

Resident #4's medical evaluation, dated ■■■, does not include a list of resident #4's current medications. This section of the form is blank.

Resident #5's most recent medical evaluation was completed on ■■■.

REPEAT VIOLATION: 6/28/2021

**Correction****Directed**

*DIRECTED: Within 10 calendar days of receipt of the plan of correction: New medical evaluations shall be completed for residents #2 and #5. Copies of the new medical evaluations shall be kept in residents #2 and #5's records. ■■■ 10/7/22*

*DIRECTED: Within 10 calendar days of receipt of the plan of correction: Resident #4's medical evaluation shall be returned to resident #4's physician to be updated with a list of current medications. A copy of the updated medical evaluation for resident #4 shall be kept in the resident's record. ■■■ 10/7/22*

*DIRECTED: Within 7 calendar days of receipt of the plan of correction: The administrator shall review all current resident records to ensure each resident has a medical evaluation, completed in its entirety, at least annually. ■■■ 10/7/22*

*DIRECTED: Within 7 calendar days of receipt of the plan of correction: The administrator shall develop and implement a tracking system to ensure each resident has a medical evaluation, completed in its entirety, at least annually. Documentation of the tracking system shall be kept and shall be reviewed at least monthly by the administrator. ■■■ 10/7/22*

Completion Date: 10/17/2022

**144c1 - Smoking Area Guidelines****1. Requirements**

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

144c1 - Smoking Area Guidelines (*continued*)

1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

**Description of Violation**

*There were 5 Stylewell chairs present in the home's designated smoking area that are not made of a fire-resistant material. Also, numerous burn holes are present on the chairs.*

**Correction****Directed**

*DIRECTED: Within 72 hours of receipt of the plan of correction, then weekly thereafter: The administrator shall inspect the home's designated smoking areas to ensure fireproof receptacles and ashtrays are present and that only fire resistant furniture is present. The 5 Stylewell chairs shall be removed from designated smoking areas. ■ 10/7/22*

*DIRECTED: Within 7 calendar days of receipt of the plan of correction: All staff persons shall be educated that the home's designated smoking areas shall include fireproof receptacles and ashtrays, and that only fire resistant furniture is present. Documentation of the education shall be kept. ■ 10/7/22*

**Completion Date:** 10/14/2022

## 183b - Meds and Syringes Locked

**1. Requirements**

2600.

- 183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

**Description of Violation**

*At 9:56 am, the home's medication cart was unlocked and unattended in the home's kitchen. The locking mechanism on the medication cart is inoperable, which prohibits the medication cart from locking.*

**Correction****Directed**

*DIRECTED: Within 24 hours of receipt of the plan of correction: The administrator shall repair the lock on the home's medication cart. If the lock is unable to be repaired, all medications shall immediately be removed from the medication cart and placed in another area or container that can be locked until repairs can be made to the medication cart. ■ 10/7/22*

*DIRECTED: Within 7 calendar days of receipt of the plan of correction: All staff persons shall be education that all prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room. Documentation of the education shall be kept. ■ 10/7/22*

*DIRECTED: Within 48 hours of receipt of the plan of correction: The staff person responsible for administering medications shall inspect the home daily to ensure all prescription medications, OTC medications, CAM and*



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

Resident #5 is prescribed [REDACTED] into muscle once every 12 weeks, as well as [REDACTED] every 28 days. These medications are being administered by a nurse that is not employed by the home; however, these medications are documented as administered daily from 9/1/22 through 9/7/22 on resident #5's September 2022 MAR.

**Correction****Directed**

*DIRECTED: Within 7 calendar days of receipt of the plan of correction: All staff persons qualified to administer medications shall be reeducated on proper medication administration documentation procedures, which includes immediately documenting medication administration on each resident's medication administration record immediately following medication administration. The education shall also include ensuring only medications that are administered by staff persons in the home shall be documented as administered on resident medication administration records. Documentation of the education shall be kept. [REDACTED] 10/7/22*

*DIRECTED: Within 7 calendar days of receipt of the plan of correction: The administrator shall review 50% of resident medication administration records daily for 1 week then weekly thereafter to ensure proper medication administration documentation. [REDACTED] 10/7/22*

**Completion Date:** 10/14/2022

## 187d - Follow Prescriber's Orders

**1. Requirements**

2600.

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

**Description of Violation**

Resident #5 is prescribed [REDACTED] times daily; however, staff person A indicated the medication is not available in the home and was not administered to resident #5 on 9/7/22 at 12:00 pm.

**Correction****Directed**

*DIRECTED: Within 48 hours of receipt of the plan of correction: Resident #2's [REDACTED] shall be delivered to the home and available for administration unless discontinued in writing by the prescriber. [REDACTED] 10/7/22*

*DIRECTED: Within 7 calendar days of receipt of the plan of correction, then monthly thereafter: The administrator shall review the medications for all residents to ensure all prescribed medications are present in the home and available for administration. [REDACTED] 10/7/22*

*DIRECTED: Within 7 calendar days of receipt of the plan of correction: The administrator shall develop and implement procedures to ensure timely delivery of medications prior to depleting the current supply to ensure medications are available in the home for administration at all times in accordance with prescribers' orders. Documentation of the procedures shall be kept. All staff persons qualified to administer medications shall be educated on the new procedures. Documentation of the education shall be kept. [REDACTED] 10/7/22*

**Completion Date:** 10/14/2022

## 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 #4 was admitted to the home on [REDACTED] however, the resident's preadmission screening was completed on 6/21/22.

## Correction

*Directed*

*DIRECTED: Within 7 calendar days of receipt of the plan of correction: The administrator shall review all current resident records to ensure a preadmission screening is completed in its entirety within 30 days prior to admission for each resident. Copies of the completed preadmission screenings shall be kept in each resident's record. [REDACTED] 10/7/22*

*DIRECTED: Within 7 calendar days of receipt of the plan of correction: The administrator shall develop and implement a new admission checklist to ensure a preadmission screening is completed in its entirety within 30 days prior to admission for each newly-admitted resident. The completed preadmission screenings shall be kept in each resident's record. The completed new admission checklist shall be kept in each resident's record. [REDACTED] 10/7/22*

**Completion Date:** 10/14/2022

## 225a - Assessment 15 Days

## 1. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

## Description of Violation

Resident #4's assessment, dated [REDACTED] indicates that the resident is independent with laundry; however, resident #4's support plan, dated [REDACTED] indicates the home will do resident #4's laundry.

## Correction

*Directed*

*DIRECTED: Within 72 hours of receipt of the plan of correction: The administrator shall update resident #4's assessment to accurately reflect the assistance resident #4 needs with laundry. The updated assessment for resident #4 shall be kept in the resident's record [REDACTED] 10/7/22*

*DIRECTED: Within 7 calendar days of receipt of the plan of correction: The administrator shall review all current resident records to ensure each resident has an assessment completed in its entirety within 15 days of admission and that each resident assessment accurately reflects the resident's care needs. [REDACTED] 10/7/22*

*DIRECTED: Within 7 calendar days of receipt of the plan of correction: The administrator shall develop and implement a system to ensure resident assessments are updated as resident care needs change. Documentation of the system shall be kept. [REDACTED] 10/7/22*

**225a - Assessment 15 Days (continued)**

*DIRECTED: Within 7 calendar days of receipt of the plan of correction: The administrator shall develop and implement a new admission checklist to ensure an assessment is completed in its entirety which accurately reflects the resident's care needs, within 15 days of admission for each newly-admitted resident. The completed assessments shall be kept in each resident's record. The completed new admission checklist shall be kept in each resident's record. ■■■ 10/7/22*

**Completion Date:** 10/14/2022

**225c - Additional Assessment****1. Requirements**

2600.

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

1. Annually.

**Description of Violation**

*Resident #2's most recent assessment, dated ■■■■, does not include the contact information for resident #2's current primary care physician or the contact information and support services resident #2 receives through ■■■■*

*Resident #2's most recent assessment was completed on ■■■■ however, there is no previous assessment present for resident #2, so it is unable to be determined if resident #2's most recent assessment was completed timely. Resident #2 was admitted to the home on ■■■■*

*Resident #5's most recent assessment was completed on ■■■■*

**Correction****Directed**

*DIRECTED: Within 72 hours of receipt of the plan of correction: The administrator shall update the contact information on resident #2's assessment, which includes the contact information for resident #2's physician and the contact information and support services resident #2 receives through ■■■■. The updated assessment for resident #2 shall be kept in the resident's record. ■■■ 10/7/22*

*DIRECTED: Within 72 hours of receipt of the plan of correction: The administrator shall complete an annual assessment for resident #5. A copy of the completed assessment shall be kept in resident #5's record. ■■■ 10/7/22*

*DIRECTED: Within 7 calendar days of receipt of the plan of correction: The administrator shall review all current resident records to ensure each resident has an assessment completed in its entirety, which accurately reflects the resident's care needs, at least annually. ■■■ 10/7/22*

*DIRECTED: Within 7 calendar days of receipt of the plan of correction: The administrator shall develop and implement a tracking system to ensure an assessment is completed in its entirety which accurately reflects the resident's care needs, at least annually. Documentation of the tracking system shall be kept and shall be reviewed at least monthly by the administrator. ■■■ 10/7/22*

**Completion Date:** 10/14/2022

**227a - Support Plan 30 Days****1. Requirements**

227a - Support Plan 30 Days (*continued*)

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

**Description of Violation**

Resident #4's assessment, dated [REDACTED], indicates resident #4 requires assistance with medication administration; however, resident #4's support plan, dated [REDACTED], does not include a description of the medication needs or a plan to meet the medication needs. This section of the support plan is blank.

**Correction****Directed**

*DIRECTED: Within 72 hours of receipt of the plan of correction: The administrator shall update resident #4's support plan to accurately reflect the assistance resident #4 needs with medication administration. The updated support plan for resident #4 shall be kept in the resident's record [REDACTED] 10/7/22*

*DIRECTED: Within 7 calendar days of receipt of the plan of correction: The administrator shall review all current resident records to ensure each resident has a support plan completed in its entirety within 30 days of admission and that each resident support plan accurately reflects the resident's care needs. [REDACTED] 10/7/22*

*DIRECTED: Within 7 calendar days of receipt of the plan of correction: The administrator shall develop and implement a system to ensure resident support plans are updated as resident care needs change. Documentation of the system shall be kept. [REDACTED] 10/7/22*

*DIRECTED: Within 7 calendar days of receipt of the plan of correction: The administrator shall develop and implement a new admission checklist to ensure a support plan is completed in its entirety which accurately reflects the resident's care needs, within 30 days of admission for each newly-admitted resident. The completed support plans shall be kept in each resident's record. The completed new admission checklist shall be kept in each resident's record. [REDACTED] 10/7/22*

**Completion Date: 10/14/2022**