



CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: **FEBRUARY 7, 2023**

[REDACTED]
Creek Senior Care LLC
[REDACTED]

RE: The Bridges at Bent Creek
2100 Bent Creek Boulevard
Mechanicsburg, PA 17050
License #: 333550

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Office of Long-term Living), licensing inspections on September 12-14, 2022 and November 15-16, 2022 of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

As a result of violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance (333550) dated October 31, 2022 to October 31, 2023 and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026 (b)(1) and 55 Pa. Code § 20.71(a)(2);(3);(4) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed.

Pursuant to 62 P.S. 1085-1087 and 55 Pa. Code § 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

<u>55 Pa. Code Chapter 2600:</u>	<u>Class of Violation</u>	<u>Census at Inspection</u>	<u>Fine Per resident X Per day</u>	<u>Calculated Fine = Per day</u>	<u>Mandated Correction Date (to avoid Fine)</u>
2600.185(a)	II	71	\$5	\$355	5 calendar days from mailing date of this letter
2600.227(d)	II	71	\$5	\$355	5 calendar days from mailing date of this letter
2600.227(g) from	III	71	\$3	\$213	15 calendar days mailing date of this letter
2600.231(e) from	III	71	\$3	\$213	15 calendar days mailing date of this letter

A fine will be assessed daily beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. Your appeal must indicate the reasons for the appeal, and you must be as specific as possible regarding your areas of disagreement with the Department's decision. If you decide to appeal, a written request for an appeal must be received within 10 days of the date of this letter by:

[REDACTED]
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

Jamie L. Buchenauer
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summaries

cc:

[REDACTED]

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

Facility Information

Name: *THE BRIDGES AT BENT CREEK* License #: *33355* License Expiration: *10/31/2022*
Address: *2100 BENT CREEK BOULEVARD, MECHANICSBURG, PA 17050*
County: *CUMBERLAND* Region: *CENTRAL*

Administrator

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

Legal Entity

Name: *CREEK SENIOR CARE LLC*
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *01/03/2001* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *126* Waking Staff: *95*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Complaint, Incident* Exit Conference Date: *09/14/2022*

Inspection Dates and Department Representative

09/12/2022 - On-Site: [REDACTED]
09/13/2022 - On-Site: [REDACTED]
09/14/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *130* Residents Served: *81*

Secured Dementia Care Unit

In Home: *Yes* Area: *The Gardens* Capacity: *31* Residents Served: *23*

Hospice

Current Residents: *15*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *81*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *45* Have Physical Disability: *0*

Inspections / Reviews

09/12/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/01/2022*

10/12/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: *10/31/2022*
Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/18/2022*

10/25/2022 - POC Submission

Submitted By: [REDACTED] [REDACTED] Submitted: *10/31/2022*
[REDACTED] [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *11/01/2022*

11/17/2022 - Document Submission

Submitted By: [REDACTED] Date Submitted: *10/31/2022*
Reviewer: [REDACTED] Follow-Up Type: *Exception*

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 9/12/2022, the home's Licensing Inspection Summaries, dated 9/21/2021, 3/1/2022 and 7/6/2022, were not posted in a conspicuous and public place in the home.

POC Submission

Accept (█ - 10/19/2022)

All current LIS were posted on the Bulletin Board by the Operations Specialist near the public restrooms on 9/13/22. See attachment # C1. Regional Director of Operations will in-service new Executive Director on PA Code# 2600.3.c. upon hire. ED or Director of Nursing will verify compliance during weekly walk-throughs of the community.

Licensee's Plan Completion Date: 10/17/2022

Implemented (█ - 11/17/2022)

15a - Resident Abuse Report

2. Requirements

2600.

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

Description of Violation

On 8/5/2022 at 8:30 PM, an allegation of abuse for a Resident to Resident incident occurred. This incident was reported to nursing staff on 8/5/2022. However, the home did not report the allegation of abuse to Older Adult Protective Services within 48 hours.

On 8/26/2022, at approximately 6:00 PM, the home became aware of an allegation of abuse for a Resident to Resident incident. However, the home did not report the allegation of abuse to Older Adult Protective Services within 48 hours.

POC Submission

Accept (█ - 10/17/2022)

All reportable events were reported to DHS and Office of Aging by 9/21/22 by the Director of Wellness. See attachment #C2. All staff received training on Mandatory Abuse and Neglect reporting by Interim Licensed Executive Director or Director of Wellness (DOW) on 9/12/22, 9/13/22, 9/22/22, 9/23/22. See attachment #T1. RDO and Vice President of Wellness will be copied on all reportable incidents and reviewed for accuracy. Reportable Incidents that occurred during that quarter will be reviewed during QA Meeting to ensure all appropriate actions have taken place. The next scheduled QA will be held 11/9/22.

Licensee's Plan Completion Date: 10/17/2022

Not Implemented (█ - 12/19/2022)

16c - Written Incident Report

3. Requirements

2600.

16c - Written Incident Report (continued)

16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 8/5/2022 at approximately 8:30 PM, an allegation of abuse for a Resident to Resident incident occurred. The home did not report this incident to the Department.

POC Submission

Accept [REDACTED] - 10/19/2022)

All reportable events were reported to DHS and Office of Aging by 9/21/22, by the Director of Wellness. See attachment #C2. All staff received training on Mandatory Abuse and Neglect reporting by Interim Licensed Executive Director or Director of Wellness (DOW) on 9/12/22, 9/13/22, 9/22/22, 9/23/22. See attachment #T1. RDO and Vice President of Wellness will be copied on all reportable incidents and reviewed for accuracy. Reportable Incidents that occurred during that quarter will be reviewed during QA Meeting to ensure all appropriate actions have taken place. The next scheduled QA will occur on 11/9/22 to review the reportables.

Licensee's Plan Completion Date: 10/17/2022

Not Implemented [REDACTED] - 12/19/2022)

25b - Contract Signatures

4. 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.

POC Submission

Directed [REDACTED] - 10/19/2022)

The contract for resident # 1 was signed on [REDACTED] by Operations Specialist and noted that resident was unable to sign. See attachment #C4. Individual delegated to perform this take is no longer employed with company. RDO Regional Director of Operations will in-service new Executive Director on PA Code # 2600.25.b. upon hire. A financial chart audit will be completed to ensure all contracts have the appropriate signatures by 10/31/22. Business of Director or Executive Director will perform financial file audits monthly until 12/31/22. Findings from audits will be discussed during Quality Assurance/Safety Meeting on 11/9/22. Upon completion of the audits residents will be afforded the opportunity to sign their contract.

Directed - Within one month of admission, the Business of Director or Executive Director will perform an audit of the resident's contract to ensure the resident was afforded the opportunity to sign. [REDACTED] - 10/19/2022

Directed Completion Date: 11/9/22

Not Implemented ([REDACTED] - 12/19/2022)

42b - Abuse

5. Requirements

2600.

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

Description of Violation

On 8/5/2022 at approximately 8:30 PM, Resident #2 punched Resident #3 in the abdomen.

42b - Abuse (continued)

The home's Secured Dementia Care Unit shower log from 8/1/2022 to 8/7/2022 indicates that 22 residents were to receive showers. Only 4 of the 22 residents received this care. Interviews with multiple staff persons confirmed that showers were not provided during this time.

POC Submission**Directed (████) - 10/19/2022)**

Resident Care Flow daily sheets in Personal Care and Memory Care have been implemented as of 10/01/22 and will indicate per residents care plans how often the residents will receive showers and monitored on the daily flow sheets weekly. See attachment #C5. Med Techs will be the team leaders responsible to ensure flow sheets are completed and proper care is being provided to residents and reviewed weekly. Resident #2 RASP will be updated by Director of Wellness by 10/01/22 to include their behavioral needs. See attachment # T19 for Med Tech Resident Care Flow Sheets training. All staff received training on Mandatory Abuse and Neglect reporting PA Code# 2600.42b. by Interim Licensed Executive Director or Director of Wellness (DOW) on 9/12/22, 9/13/22, 9/22/22, 9/23/22. See attachment #T1. Abuse and Neglect Training will be provided monthly during All Staff meetings beginning on 10/26/22 until December 2022. All newly hired employees shall receive training on Abuse and Neglect within 40 scheduled working hours from their first day of employment. This training shall be provided by Executive Director or Director of Wellness as part of the Bridge Senior Living onboarding policy.

Directed - All staff members will be trained on residents rights, positive interventions, redirection and supervision by the Administrator by 11/10/2022; documentation will be kept in the home. █████ 10/19/2022

Directed Completion Date: 11/10/2022**Not Implemented (████) - 12/19/2022)****57b - 1 Hour/Day****6. Requirements**

2600.

57.b. Direct care staff persons shall be available to provide at least 1 hour per day of personal care services to each mobile resident.

Description of Violation

On 9/6/2022, there were 77 residents in the home, requiring a minimum of 122 hours of direct care service. On this day, only 109 hours of direct care staffing were provided.

On 9/9/2022, there were 77 residents in the home, requiring a minimum of 122 hours of direct care service. On this day, only 100 hours of direct care staffing were provided.

Notification was not made to the Bureau of Human Services Licensing regional office of anticipated or actual staff shortages for 9/6/2022 and 9/9/2022.

POC Submission**Accept (████) 10/12/2022)**

Current scheduler made all necessary corrections to ensure compliance with minimum staffing requirements through September 30th. Scheduling duties were reassigned to the Talent and Development Coordinator (TDC) on 10/1/22. TDC was trained on minimum staffing requirements. See attachment# T2. TDC is primarily responsible for

57b - 1 Hour/Day (continued)

completing clinical staffing schedule that complies with the minimum staffing requirements of 2600.57.b. and 57.d. Staffing schedule is then reviewed by TDC, DOW and ED weekly. TDC is first responder to seek coverage if there are unexpected shift openings. DOW is then notified if unable to find coverage. Ultimately, ED will be alerted to approve staffing agency coverage if unable to fill with community staff. Community has contracts with 3 staffing agencies. DOW or ED will notify DHS if unable to ensure minimum staffing requirements.

Licensee's Plan Completion Date: 10/07/2022

Implemented [redacted] 11/17/2022)

57d - Waking Hours

7. Requirements

2600.
57.d. At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.

Description of Violation

On 9/6/2022, a total of 122 hours of direct care was required. However, only 76.5 of the required hours, or 63 percent, were provided during waking hours.

On 9/9/2022, a total of 122 hours of direct care was required. However, only 75.5 of the required hours, or 62 percent, were provided during waking hours.

POC Submission

Accept ([redacted] - 10/12/2022)

Current scheduler made all necessary corrections to ensure compliance with minimum staffing requirements through September 30th. Scheduling duties were reassigned to the Talent and Development Coordinator (TDC) on 10/1/22. TDC was trained on minimum staffing requirements. See attachment# T2. TDC is primarily responsible for completing clinical staffing schedule that complies with the minimum staffing requirements of 2600.57.b. and 57.d. Staffing schedule is then reviewed by TDC, DOW and ED weekly. TDC is first responder to seek coverage if there are unexpected shift openings. DOW is then notified if unable to find coverage. Ultimately, ED will be alerted to approve staffing agency coverage if unable to fill with community staff. Community has contracts with 3 staffing agencies. DOW or ED will notify DHS if unable to ensure minimum staffing requirements.

Licensee's Plan Completion Date: 10/07/2022

Implemented [redacted] 11/17/2022)

63a - First Aid/CPR Training

8. Requirements

2600.
63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

From 9/4/2022 at 6:30 AM to 9/5/2022 at 6:30 AM, 77 residents were present in the home. During this time there were no staff persons present in the home who were certified in First Aid and CPR.

63a - First Aid/CPR Training (continued)

POC Submission

Accept (████) - 10/19/2022)

Community is contracting with In-Pulse CPR for on-site staff training services. Director of Wellness is developing the contract with In-Pulse. See attachment # C7. In-Pulse will train 20 staff members and they will obtain a 2-year CPR certification. In-Pulse will then return every year to train new staff and/or those staff members eligible for recertification to ensure community stays compliant with PA code 2600.63.a. Copies of staff CPR/First Aid certifications will be maintained by the Business Office Director. The Executive Director will ensure that the home has the appropriate number of staff members with the required certifications. CPR and First Aid classes are scheduled for 10/24/22.

Licensee's Plan Completion Date: 10/24/2022

Not Implemented (████) - 12/19/2022)

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 9/14/2022 at approximately 2:43 PM, an enabler bar was present on Resident #4's bed, with an opening measuring approximately 16 inches wide by 4 inches in length; the enabler bar was not covered creating a potential danger of injury or entrapment.

On 9/14/2022 at approximately 2:51 PM, an enabler bar was present on Resident #5's bed, with an opening measuring approximately 10 inches wide by 6 inches in length; the enabler bar was not covered creating a potential hazard.

POC Submission

Accept (████) - 10/19/2022)

Enablers for resident #4 and #5 were covered by the Medication Technician on day of survey (9/14/22). The use of enablers as well as the need to maintain these covered were added to the care plan of resident #4 and #5 by 9/30/22. All staff will be trained on PA code #2600.81.b. by 10/14/22 by the Director of Wellness. Random audits will be conducted by TDC, DOW, ED will be conducted to ensure enablers are covered. Review of audits will be discussed during QA/Safety Meeting until 12/31/22. Education will be provided to residents on 10/14/22 by Director of Wellness on the risk associated with enablers not being covered.

Licensee's Plan Completion Date: 10/17/2022

Not Implemented (████) 12/19/2022)

82c - Locking Poisonous Materials

10. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

On 9/12/2022 at approximately 9:50 AM, a spray bottle of Banana Boat Sunscreen, with a manufacturer's label indicating, "if product is swallowed, get medical help or contact Poison Control Center right away," was unlocked and accessible to residents in the Secured Dementia Care Unit. The residents in the Secured Dementia Care Unit are not considered to be capable of recognizing and using poisons safely.

82c - Locking Poisonous Materials (continued)*Repeated Violation-9/21/2021, et al***POC Submission****Accept** (████) **10/19/2022)**

The closet was immediately locked by the Memory Care Director on 9/12/22. Memory Care Director, DOW or Clinical Specialist in-serviced memory care staff on PA code# 2600.82.c. on 9/13/22. See attachment # T3. On 9/22/22, the closet in the memory care neighborhood was completely emptied by the Clinical Specialist and Licensed Interim Executive Director and all items were placed in a more secure storage area close to the nursing station. Memory Care Director or Executive Director will complete random monthly audits of locked closet until 12/31/2022. Memory Care Director walkthroughs will occur once daily. Review of audits will be discussed during QA/Safety Meeting until 12/31/22. The next scheduled QA will be held 11/9/22.

Licensee's Plan Completion Date: 10/17/2022**Implemented** (████) **- 11/17/2022)****85a - Sanitary Conditions****11. Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 9/12/2022 at approximately 10:10 AM, the Dickenson wing on the second floor had a strong urine odor.

On 9/12/2022 at approximately 10:55 AM, the two air vents in the ceiling in the kitchen contained what appeared to be black mold.

POC Submission**Accept** (████) **- 10/19/2022)**

On 9/12/22, air freshener in Dickenson wing was replaced by the Director of Engineering. Room where strong urine odor originated from as well as kitchen ceiling vents were cleaned on same day (9/12/22) by the Maintenance Technician. All dining staff were in-serviced on PA Code #2600.85.a. by Dining Services Director (DSD) on 9/12/22. See attachment # T4. Kitchen ceiling vents cleaning was added to the monthly cleaning schedule. Director of Engineering (DOE) or designee will conduct monthly rounds as of 9/12/22 to identify areas of strong urine smell and ceiling vents in need of cleaning and findings will be addressed. Findings from rounds will be discussed during QA/Safety Meeting on 11/09/22 until 12/31/22. The next scheduled QA will be held 11/9/22.

Licensee's Plan Completion Date: 10/17/2022**Implemented** (████) **- 11/17/2022)****85e - Trash Outside Home****12. Requirements**

2600.

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

85e - Trash Outside Home (continued)

Description of Violation

On 9/12/2022 at approximately 10:38 AM, the outside dumpster next to the kitchen/dining room exterior door was not covered and not actively in use at the time of the observation.

POC Submission

Accept (██████) - 10/19/2022)

Dumpster doors were immediately closed by the Dining Services Director on day of survey (9/12/22). DOE attached cord on 9/12/22 to outdoor dumpster lids for easy opening and closing. On 9/13/22, DSD and DOE in-serviced staff on PA code# 3600.85.e. See attachment #T5. DOE or DSD will conduct weekly outdoor rounds to ensure lids are closed. Findings from rounds will be reviewed during quarterly QA/Safety meetings on 11/09/22 until 12/31/22.

Licensee's Plan Completion Date: 10/17/2022

Implemented (██████) 11/17/2022)

100a - Exterior - Free of Hazards

13. Requirements

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

On 9/12/2022 at approximately 10:25 AM, the metal flashing/coil stock at the bottom of the exterior exit, by the salon staircase, was tearing away from the door frame, leaving sharp edges.

POC Submission

Accept (██████) /19/2022)

On 9/19/22, exterior siding was temporarily repaired by the Director of Engineering (DOE). On 9/28/22, siding was permanently repaired and painted. See attachment #C8. DOE or Maintenance Technician will conduct weekly outdoor rounds beginning on 9/28/22 to ensure exterior of building is free of hazards. Findings from rounds will be reviewed during quarterly QA/Safety meetings on 11/09/22 until 12/31/22.

Licensee's Plan Completion Date: 10/17/2022

Implemented (██████) - 11/17/2022)

105g - Lint Removal and Duct Cleaning

14. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 9/12/2022, there was an approximate 1/4 inch accumulation of lint in the lint trap of the dryer in the second floor laundry room. There were no clothes in the dryer at the time.

POC Submission

Accept (██████) - 10/19/2022)

On 9/12/22, dryer lint traps were cleaned by the Director of Engineering (DOE). On 9/13/22, signs were posted in laundry rooms to clean lint traps after every use. DOE completed all staff in-service of PA Code # 2600.105.g. on 9/13/22. See attachment # T6. Housekeepers will check and clean dryer lint traps weekly beginning on 10/06/22. [Beginning in October 2022], the DOE or Executive Director will conduct random audits of dryer lint traps to ensure compliance on a monthly basis.

105g - Lint Removal and Duct Cleaning (*continued*)

Licensee's Plan Completion Date: 10/17/2022

Implemented [REDACTED] - 11/17/2022)

109b - Rabies Vaccination

15. Requirements

2600.

109.b. Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

Description of Violation

On 9/12/2022, Resident #6's feline was present at the home. The feline's rabies vaccination expired on 12/2/2021.

POC Submission

Accept [REDACTED] - 10/19/2022)

On 9/12/22, family of resident #6 was contacted to request a current certificate of rabies vaccination. Soonest available appointment with Veterinarian was 10/3/22. Rabies vaccination certificate was obtained for resident #6's feline. See attachment #C3. There are no other pets present in the community. RDO will in-service new Executive Director to follow PA code# 2600.109.b. upon hire. ED or designee will maintain updated pet vaccination record binder. Quarterly audits of pet records will be completed beginning 12/01/22 by the Business Office Director to ensure vaccination records remain up to date and current. If a vaccination is observed to have an upcoming due date, the resident and or designated contact will be notified to request a vet appointment is scheduled and the record be submitted to the facility to be filed in the vaccination record binder.

Licensee's Plan Completion Date: 10/17/2022

Implemented [REDACTED] /17/2022)

132a - Monthly Fire Drill

16. Requirements

2600.

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

On 6/24/2022 and 7/22/2022, the facility conducted "staff only simulation held with verbal training" fire drills due to an outbreak of COVID-19. The facility did not contact the Regional Director why the drill was not conducted or modified and what was done.

POC Submission

Accept [REDACTED] - 10/11/2022)

On 10/6/22, community sent notification of postponement of fire drill to DHS due to COVID outbreak. See attachment # C6. On 9/28/22, Operations Specialist in-serviced DOE on PA code# 2600.132.a. and provided contact email information for notification. See attachment # T7. DHS communication will be kept in reportable events binder for compliance verification.

Licensee's Plan Completion Date: 10/07/2022

Implemented [REDACTED] 11/17/2022)

141a 1-10 Medical Evaluation Information

17. Requirements

2600.

141a 1-10 Medical Evaluation Information (*continued*)

- 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.

Description of Violation

On 9/13/2022, Resident #7's medical evaluation, completed [REDACTED], did not include the resident's ability to self-administer medications.

On 9/13/2022, Resident #8's medical evaluation, completed [REDACTED] did not include the date the resident was evaluated.

POC Submission

Directed ([REDACTED] - 10/19/2022)

Resident #7 and #8's DME's were corrected by 10/4/22 by the Medication Technician. Staff trainings on PA code # 2600.141.a. were completed by DOW on 9/28/22. See attachment #T8. A DME resident chart audit was completed on 10/4/22 by the Medication Technician DME's found to be without required information during the audit will be corrected upon discovery. Findings from audits will be reviewed during quarterly QA/Safety meetings on 11/09/22 until 12/31/22. ED and or DOW will review and date initial DME's ongoing beginning 11/01/22.

Directed - The ED and/or DOW will review, initial and date all DME's ongoing beginning 11/1/2022. CR 10/18/2022

Directed Completion Date: 11/1/2022

Implemented ([REDACTED] - 11/17/2022)

185a - Implement Storage Procedures

18. 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

Resident #3 is prescribed Lubricate Eye Drop 0.4%-0.3% Systane Eye Drop, instill 1 drop to both eyes four times per day as needed for dry eyes. On 9/13/2022, the medication for Resident #3 was not available in the home.

Resident #9 is prescribed the following medications. However, on 9/13/2022, the medications were not available in the home.

- Atropine Sul Sol 1% OP, install 2 drops sublingually every 1 hour as needed for [REDACTED]
- Operamide CAP 2mg, take 1 capsule by mouth every 4 hours as needed for [REDACTED]

185a - Implement Storage Procedures (continued)

- Milk of Magnesia SUS 400/5 ML, take 2 tablespoonsful (30ML) by mouth Q3D PRN for bowel movement

Resident #10 is prescribed Colchicine Tab 0.6 Colcris 0.6mg tab, take 1 tablet by mouth Monday, Wednesday, and Friday for Gout Prophylaxis. However, on 9/13/2022, the medication was not available in the home.

Resident #11 is prescribed to have blood sugar checks before meals. On 8/6/2022, the glucometer measured the resident's blood glucose level to be 68. However, the Medication Administration Record (MAR) had "NR" recorded.

Resident #12 is prescribed FLUCIC/SALME AER, 100/50 Adair, Diskus Inhale 1 Puff Every 12 Hours "Rinse mouth after each use. Expire 30 days after open (COPD)," 1 Min Between All Puffs. The date that the medication was opened was on 8/8/2022. On 9/13/2022, the medication was still present in the medication cart.

Repeated Violation-3/1/2022, 9/21/2021, et al

POC Submission

Accept (█) - 10/19/2022)

All medications not found in medication carts on day of survey were received by 9/14/22. The inhaler was removed by the Clinical Specialist and replaced in the med cart on 9/15/22, Med Tech trainings on PA code # 2600.185.a were completed by DOW on 9/28/22. See attachment # T9. Weekly med cart audits will be completed by TDC, DOW or Lead Medication Technician on 9/19/22 until 12/31/22. Pharmacy consultant will conduct audit on 10/11/22 and 10/12/22 and every month after that for 6 months. Findings from cart audits will be reviewed at QA/Safety meetings until 12/31/22.

Beginning on 9/19/22 the Medication Technician will complete an audit of residents glucometer readings and blood glucose documentation. Each week the Medication Technician will review all of the resident's glucometer readings by comparing the readings to the residents MARs to ensure proper transcription of the numbers occurs.

Licensee's Plan Completion Date: 10/17/2022

Not Implemented (█) - 12/19/2022)

187a - Medication Record**19. Requirements**

2600.

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

12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident #1 is prescribed Metolazone tab 2.5mg weekly on Tuesdays, Olanzapine tab 10mg QD, Oxycodone tab 5mg every 8 hours and Trazadone 50mg 1 tab before bed. However, Resident #1's medication administration record (MAR) for August 2022 and September 2022 does not indicate the diagnosis or purpose of each medication.

187a - Medication Record (continued)

POC Submission

Accept (████) - 10/19/2022)

By 9/28/22, diagnoses for medications for all residents were entered into our new medication administration system, QuickMAR. MARs for Resident #1 were updated upon initial findings during the inspection by the Clinical Specialist on 9/14/22. Med Tech training on PA code# 2600.187.a. was completed on 9/28/22 by DOW. See attachment #T10 and T12. QuickMAR trainings were completed for all Med techs on 9/28/22 by Clinical Specialist and PointClickCare Senior Implementation Specialist. See attachment # T11. QuickMAR has built-in system feature where a diagnosis must be entered when adding a new medication order. Monthly, Med Techs will review the MARs for required information as specified in regulation 2600.187(a) beginning 11/1/22. Any information missing from the MAR will be obtained by the Med Tech.

Licensee's Plan Completion Date: 10/17/2022

Implemented (████) - 11/17/2022)

187d - Follow Prescriber's Orders

20. Requirements

2600.

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

Description of Violation

On 6/24/2022, Resident #1 was prescribed Furosemide 40mg tablet in the morning daily. However, the medication was not administered until 6/30/2022.

POC Submission

Accept (████) 10/19/2022)

Staff trainings on PA code# 2600.187.d. were completed on 9/12/22 & 9/28/22 by DOW. See attachment T12. QuickMAR missed med report/dashboard will be reviewed daily beginning on 9/30/22 until 10/14/22, then weekly until 12/31/22 by TDC, DOW. Findings from cart audits will be reviewed at QA/Safety meetings on 11/9/22 until 12/31/22. Med Tech re-educated [by DOW] on proper process with orders approval on 9/12/22 and 9/28/22 and will be monitored by the DOW and or Lead Med Tech.

Licensee's Plan Completion Date: 10/17/2022

Not Implemented (████) - 12/19/2022)

227d - Support Plan Medical/Dental

21. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

- The assessment for Resident #4, dated █████, does not reflect the resident's assessed need or use of an enabler when positioned in bed.
- The assessment for Resident #5, dated 1/████, does not reflect the resident's assessed need or use of an enabler when positioned in bed.
- The assessment for Resident #7, dated █████ does not reflect the resident's behavior of inappropriate

227d - Support Plan Medical/Dental (continued)

interactions towards others.

- The assessment for Resident #9, dated [REDACTED] does not reflect the medical use of a splint on the resident's left leg.

Repeated Violation-7/6/2022, et al, 9/21/2021, et al

POC Submission

Accept [REDACTED] - 10/19/2022)

Support plans for residents #4, 5, 7 and 9 were updated by the Med Tech to reflect services listed above by 9/30/22. Med tech training on PA code# 2600.227d was completed on 9/28/22 by DOW. See attachment # T13. A support plan chart audit was completed by 10/4/22 by the Clinical Specialist and all plans have been updated. Findings from audits will be reviewed during quarterly QA/Safety meetings until 12/31/22.

Resident charts will be audited at least monthly to ensure ongoing compliance beginning on 9/19/22 by the Med Tech. Staff members will be reeducated on reporting the resident's changing needs so Support Plans can be updated by 9/28/22 by the DOW.

Licensee's Plan Completion Date: 10/17/2022

Not Implemented ([REDACTED] - 12/19/2022)

227g -Support Plan Signatures**22. 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 #9 participated in the development of [REDACTED] support plan on 9/2/2022. However, the resident and the assessor did not sign the support plan.

Resident #13's support plan was developed on 1/15/2022. However, the assessor did not sign the support plan.

Repeated Violation-3/1/2022

POC Submission

Accept [REDACTED] 10/19/2022)

RASPS for resident #9 and 13 were updated and appropriate signatures were obtained by Med Tech on 9/29/22. Med Tech training on PA code # 2600.227.g. was completed on 9/28/22 by DOW. See attachment #T14. A support plan chart audit was completed by 10/4/22 and all plans have been updated. Findings from audits will be reviewed during quarterly QA/Safety meetings and quarterly ongoing.

Licensee's Plan Completion Date: 10/17/2022

Not Implemented ([REDACTED] - 12/19/2022)

231b - Medical Evaluation**23. Requirements**

2600.

231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

231b - Medical Evaluation (continued)

Description of Violation

Resident #3 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]; however, the resident's medical evaluation was last completed on 2/24/2022.

POC Submission

Accept [REDACTED] - 10/19/2022)

Resident #3 expired prior to completion of new medical evaluation by physician. Med tech training of PA code# 2600.231.b. was conducted on 9/13/22 and 9/28/22 by DOW. See attachment #T15. A chart audit for residents in our memory care neighborhood will be completed by Clinical Specialist by 10/14/22. Any findings will be updated by TDC, Lead med Tech, and or DOW by 10/31/22. For new residents, medical evaluations will be completed prior to move-in and will be obtained by Director of Sales or Executive Director. DOW will verify evaluation is received. Any necessary resident internal transfers will be discussed during the weekly At-Risk meetings by DOW and ED. The need for an updated DME and RASP will be reviewed at that time. At-Risk meeting DME/RASP review notes will be discussed during quarterly QA/Safety meetings until 12/31/22.

Licensee's Plan Completion Date: 10/31/2022

Implemented [REDACTED] 11/17/2022)

231c - Preadmission Screening

24. Requirements

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident #3 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED] However, a written cognitive preadmission screening was not completed.

POC Submission

Accept [REDACTED] - 10/19/2022)

Resident #3 preadmission screening was completed by DOW by 9/23/22. Med tech training of PA code# 2600.231.c. was conducted on 9/13/22 and 9/28/22 by DOW. See attachment # T15 and T16. A chart audit for residents in our memory care neighborhood will be completed by Clinical Specialist by 10/14/22. Any findings will be corrected by TDC, Lead Med Tech, or DOW by 10/31/22. For new residents, preadmission screenings will be completed prior to move-in and will be obtained by Director of Sales or designee. DOW will verify screening is received. Any necessary resident internal transfers will be discussed during the weekly At-Risk meetings by DOW and ED. The need for an updated written cognitive preadmission screening will be reviewed at that time. At-Risk meeting review notes will be discussed during quarterly QA/Safety meetings until 12/31/22.

Licensee's Plan Completion Date: 10/31/2022

Implemented [REDACTED] - 11/17/2022)

231e - No Objection Statement

25. Requirements

2600.

231.e. Each resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

231e - No Objection Statement (continued)

Description of Violation

Resident #3 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]. The home has no documentation that the resident and the resident's designated person have not objected to the admission.

Resident #8 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]. The home has no documentation that the resident and the resident's designated person have not objected to the admission.

Repeated Violation-9/21/2021, et al

POC Submission

Accept [REDACTED] 10/19/2022)

Resident #3 expired prior to completion of no objection statement. On 9/28/22, Interim Licensed Executive Director and Operations Specialists noted resident# 8 is unable to sign no objection statement due to a diagnosis and effects of Dementia. See attachment #C4. Operations Specialist attempted to contact Resident #8's designated person to review no objection statement and obtain signature on 10/7/22. Awaiting meeting date. On 10/6/22, Operations Specialist trained DOS, Business Office Director and DOW on completion of No Objection Statements (PA code # 2600.231.e.). See attachment # T20. A chart audit for residents in our memory care neighborhood will be completed by Business Office Director and Operations Specialists by 10/14/22. Any findings will be updated by 10/31/22. For new residents, memory care disclosures will be completed prior to or upon move-in and will be obtained by ED, Director of Sales or BOD. Any necessary resident internal transfers will be discussed during the weekly At-Risk meetings by DOW and ED. The need for a memory care disclosure statement will be reviewed at that time. At-Risk meeting review notes will be discussed during quarterly QA/Safety meetings until 12/31/22.

Licensee's Plan Completion Date: 10/31/2022

Not Implemented [REDACTED] /19/2022)

234a - Admission Support Plan

26. Requirements

2600.

234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident #3 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]. However, the resident's initial support plan was completed on 7/12/2022.

Repeated Violation-9/21/2021, et al

POC Submission

Accept [REDACTED] - 10/19/2022)

Support plan for Resident #3 was completed by Med Tech by 9/23/22. Med Tech training for PA code # 2600. 234.a. was completed on 9/28/22 by DOW. See attachment # T17. A chart audit for residents in our memory care neighborhood will be completed by 10/14/22. Any findings will be updated by 10/31/22. For new residents, completion dates for admission support plans will be reviewed by MCD, DOW or ED to comply with regulation requirement. Any necessary resident internal transfers will be discussed during the weekly At-Risk meetings by DOW and ED. The need and completion timeframe of a new support plan will be reviewed at that time. At-Risk meeting review notes will be discussed during quarterly QA/Safety meetings until 12/31/22.

Licensee's Plan Completion Date: 10/31/2022

234a - Admission Support Plan (*continued*)*Implemented (█) - 11/17/2022)*

252 - Record Content

27. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
3. A photograph of the resident that is no more than 2 years old.

Description of Violation*Resident #1's record does not include color of hair, color of eyes, religious affiliation, if any, and identifying marks.**Resident #7's record does not include religious affiliation, if any, and identifying marks.**Resident #11's record does not include identifying marks.**Resident #14's record does not include a photograph of the resident that is no more than 2 years old.***POC Submission***Accept (█) /19/2022)*

Missing identifying marks for residents #1, 7, 11 and 14 were updated by Clinical Specialist and TDC by 9/21/22. An audit was conducted of all resident records and all identifying marks for all residents were updated and completed by Clinical Specialist by 9/29/22. Med Tech training on PA code # 2600.252-Record Content was conducted on 9/28/22 by DOW. See attachment # T18. Lead Med techs will enter identifying marks and resident photographs into the QuickMAR system. DOW will verify compliance monthly until 12/31/22. Identifying Marks will be captured upon admission by Sales Director, Sales Counselor, Lead Med Tech, TDC or DOW and ensured to be entered into QuickMar system for all new admissions ongoing.

Licensee's Plan Completion Date: 10/17/2022*Implemented (█) - 11/17/2022)*