

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

February 2, 2023

[REDACTED], REPRESENTATIVE
JUNIPER VILLAGE AT BENSLEM OPERATIONS LLC
[REDACTED]

RE: JUNIPER VILLAGE AT BUCKS
COUNTY SENIOR LIVING
3200 BENSLEM BOULEVARD
BENSLEM, PA, 19020
LICENSE/COC#: 14246

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/15/2022, 09/16/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: JUNIPER VILLAGE AT BUCKS COUNTY SENIOR LIVING **License #:** 14246 **License Expiration:** 11/30/2022
Address: 3200 BENSLEM BOULEVARD, BENSLEM, PA 19020
County: BUCKS **Region:** SOUTHEAST

Administrator

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

Legal Entity

Name: JUNIPER VILLAGE AT BENSLEM OPERATIONS LLC
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C 2 LP **Date:** 04/28/1993 **Issued By:** CWOPA L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 81 **Waking Staff:** 61

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal, Complaint **Exit Conference Date:** 09/16/2022

Inspection Dates and Department Representative

09/15/2022 On Site: [REDACTED]
 09/16/2022 On Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity: 60	Residents Served: 44		
Secured Dementia Care Unit			
In Home: Yes	Area: First Floor	Capacity: 17	Residents Served: 15
Hospice			
Current Residents: 3			
Number of Residents Who:			
Receive Supplemental Security Income: 0	Are 60 Years of Age or Older: 44		
Diagnosed with Mental Illness: 1	Diagnosed with Intellectual Disability: 0		
Have Mobility Need: 37	Have Physical Disability: 0		

Inspections / Reviews

09/15/2022 - Full
Lead Inspector: [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 10/10/2022

Inspections / Reviews *(continued)*

11/14/2022 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/31/2023

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 11/19/2022

11/22/2022 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/31/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 01/04/2023

02/02/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/31/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

5a1 - DHS Access

1. Requirements

2600.

5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:

- 1. Agents of the Department.

Description of Violation

On 9/15/22, at 10:18 am, an agent of the Department requested access to the home's staff list. Staff person A did not provide the staff list until 9/16/22 at 10:00 am .

Plan of Correction

Accept ([REDACTED] - 11/22/2022)

• The business office manager is responsible for providing an up-to-date staffing roster upon request through our web-based system. The administrator will make a request to the business office manager when a staff roster is needed. Executive Director will run reports in absence of the business office manager. Education provided to the business office manager and executive director on 10/6/22 the importance of a roster request being timely. Since our staffing roster is on a web-based platform, the business office manager or designee will be able to process the request and send via email at any time.

Licensee's Proposed Overall Completion Date: 11/19/2022

Implemented ([REDACTED] - 02/01/2023)

18 - Compliance With Laws

2. Requirements

2600.

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

Description of Violation

34 Pa.Code Chapter 3, known as the Boilers and Unfired Pressure Vessels regulations. (governed by Department of Labor and Industry). If a home has a boiler, it must have a valid "Certificate of Boiler or Pressure Vessel Operation" issued by the PA Department of Labor and Industry. Upon expiration of the certificate, boilers must be inspected, and if they pass inspection they will be issued a new certificate.

The home's boiler certificate expired 1/18/21.

Plan of Correction

Accept ([REDACTED] - 11/22/2022)

• The boiler was inspected on 9/13/22 by Risk Control Consultant, Boiler and Machinery Risk Control. The environmental Services Director is responsible for ensuring that the boiler is up to date and inspected. Once we receive the certificate of inspection the administrator and the environmental services director will ensure compliance. Boiler certificate checks are a part of our monthly EVS checks completed by Administrator and Director of Environmental Services.

Licensee's Proposed Overall Completion Date: 11/19/2022

Implemented ([REDACTED] - 02/02/2023)

19 - Review Waiver

3. Requirements

19 Review Waiver (continued)

2600.

19.e. The home shall notify the affected resident and designated person of the approval or denial of the waiver. A copy of the waiver request and the Department’s written decision shall be posted in a conspicuous and public place within the home.

Description of Violation

On 11/30/16, the home received a waiver of 2600.224(a). The home failed to post a copy of the waiver request and the Department’s written decision in a conspicuous and public place within the home.

Plan of Correction

Accept (████) - 11/22/2022)

• The wavier has been posted by the Administrator on 9/15/22 in the Family and Resident Resource Guide that is in the lounge. The wavier posting is now, as of Oct 13th a part of our quarterly quality management meeting and quarterly as a part of the quality management agenda will ensure that the waivers are posted. Administrator will maintain compliance. Next quality management will be December 15th.

Licensee's Proposed Overall Completion Date: 11/19/2022

Implemented (████) - 02/01/2023)

25a Written Contract and Review

4. Requirements

2600.

25.a. Prior to admission, or within 24 hours after admission, a written resident home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident’s designated person if any, prior to signature.

Description of Violation

Resident #1, admitted (████) did not have a resident-home contract.

Plan of Correction

Accept (████) - 11/22/2022)

• All contacts are under review as of 9/20/22 by administrator and business office manager for resident signatures, date for compliance will be 1/1/23. The administrator has created an admission checklist on 9/20/22 that has a spot to check off that all signatures from the responsible party and the resident. When an admission is anticipated, the move in checklist will be indicated by the administrator. Monthly on 1st Monday of the month the administrator will review all move in checklists for the month and ensure that the checklist is filled out in its entirety. Administrator will ensure compliance

Licensee's Proposed Overall Completion Date: 01/01/2023

Implemented (████) - 02/02/2023)

25b Contract Signatures

5. 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 (████), for resident #2 was not signed by the resident.

Repeat Violation: 6/29/21 et al.

25b - Contract Signatures (continued)

Plan of Correction

Accept (████) - 11/22/2022)

• All contacts are under review as of 9/20/22 by administrator and business office manager for resident signatures, date for compliance will be 1/1/23. The administrator has created an admission checklist on 9/20/22 that has a spot to check off that all signatures from the responsible party and the resident. When an admission is anticipated, the move in checklist will be indicated by the administrator. Monthly on 1st Monday of the month the administrator will review all move in checklists for the month and ensure that the checklist is filled out in its entirety. Administrator will ensure compliance.

Licensee's Proposed Overall Completion Date: 01/01/2023

Implemented (████) - 02/02/2023)

25b SOPc - Rent Rebate: Signed Statement

6. Requirements

2600.

25b.c. A statement signed by the resident, and the resident's designated person if applicable, at the time of admission, informing the resident that the information required in subsection (a) is to be kept in the resident's record.

Description of Violation

The resident-home contract, dated █████ for Resident #2 does not include a statement signed by the resident and the resident's designated person (if applicable), at the time of admission, that the resident has been informed that information related to rent rebate collection by the home will be kept in the resident's record.

Plan of Correction

Accept (████) - 11/22/2022)

• All contacts are under review as of 9/20/22 by administrator and business office manager for resident signatures, date for compliance will be 1/1/23. The administrator has created an admission checklist on 9/20/22 that has a spot to check off that all signatures from the responsible party and the resident. When an admission is anticipated, the move in checklist will be indicated by the administrator. Monthly on 1st Monday of the month the administrator will review all move in checklists for the month and ensure that the checklist is filled out in its entirety. Administrator will ensure compliance..

Licensee's Proposed Overall Completion Date: 01/01/2023

Implemented (████) - 02/02/2023)

41e - Signed Statement

7. 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.

Resident #2's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

41e Signed Statement (continued)

Resident #3's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

Repeat Violation: 6/29/21 et al.

Plan of Correction

Accept (█ - 11/22/2022)

• All contacts are under review as of 9/20/22 by administrator and business office manager for resident signatures, date for compliance will be 1/1/23. The administrator has created an admission checklist on 9/20/22 that has a spot to check off that all signatures for from the responsible party and the resident. When an admission is anticipated, the move in checklist will be indicated by the administrator. Monthly on 1st Monday of the month the administrator will review all move in checklists for the month and ensure that the checklist is filled out in its entirety. Administrator will ensure compliance.

Licensee's Proposed Overall Completion Date: 01/01/2023

Implemented (█ - 02/02/2023)

54a - Direct Care Staff**8. Requirements**

2600.

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

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

Description of Violation

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

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

Plan of Correction

Accept (█ - 11/22/2022)

• All staff records are under review by the business office manager and the administrator as of 10/6/22 to ensure all licensing credentials and education is present in employee file. The date for compliance is 1/1/23. When an offer is made for a new hire, the business office manager will initiate the new hire checklist. The checklist will be filled out in its entirety before the new hire will attend new hire orientation. New hire orientation is the first day of onsite employment. The administrator and the business office manager will complete an audit on the first Thursday of each month and audit the last 30 days of new hires to ensure all new hire information and credentials are present.

Licensee's Proposed Overall Completion Date: 01/01/2023

Implemented (█ - 02/02/2023)

64a - Admin Training**9. Requirements**

2600.

64.a. Prior to initial employment as an administrator, a candidate shall successfully complete the following:

1. An orientation program approved and administered by the Department.

64a - Admin Training (continued)

- 2. A 100-hour standardized Department-approved administrator training course.
- 3. A Department-approved competency-based training test with a passing score.
- 4. Paragraphs (1), (2) and (3) do not apply to an administrator hired or promoted prior to October 24, 2005.

Description of Violation

Staff person A, who is the home's [REDACTED], has not successfully completed an orientation program approved and administered by the Department.

Plan of Correction

Accept [REDACTED] - 11/22/2022

• Administrator will complete orientation on 10/28/22 (see attached registration conformation screen). Monthly, on the 1st Thursday of each month, the administrator and the business office manager will audit all employee files for credentials.

Licensee's Proposed Overall Completion Date: 12/01/2022

Implemented [REDACTED] - 02/02/2023

65a - FS Orientation 1st Day

10. Requirements

2600.

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

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

Description of Violation

Staff person B, whose first day of work was [REDACTED], staff person C, whose first day of work was [REDACTED] and staff person C, whose first day of work was [REDACTED] did not receive orientation on the following topics:

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

Repeat Violation: 6/29/21 et al.

Plan of Correction

Accept [REDACTED] - 11/22/2022

• A fire training completion report will be generated by the Business office manager or Executive director in our training software to show which staff have not completed fire training. All staff members have will receive a fire training on from the environmental services director on 11/29/22 . When an offer is made for a new hire, the

65a - FS Orientation 1st Day (continued)

business office manager will initiate the new hire checklist. The checklist will be filled out in its entirety before the new hire will attend new hire orientation. New hire orientation is the first day of onsite employment where new hires will receive their fire training by the environmental services director. The administrator and the business office manager will complete an audit on the first Thursday of each month and audit the last 30 days of new hires to ensure all new hire information and credentials are present.

Licensee's Proposed Overall Completion Date: 01/01/2023

Implemented (█ - 02/02/2023)

65b - Rights/Abuse 40 Hours**11. Requirements**

2600.

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

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

Description of Violation

Staff person B completed his/her 40th scheduled work hour on or about 2/15/22. However, this staff person did not complete training in the following topics:

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

Staff person C completed his/her 40th scheduled work hour on or about 6/29/22. However, this staff person did not complete training in the following topics:

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

Staff person D completed his/her 40th scheduled work hour on or about 6/29/22. However, this staff person did not complete training in the following topics:

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

Repeat Violation: 6/29/21 et al.

65b Rights/Abuse 40 Hours (continued)

Plan of Correction

Accept ([redacted] - 11/22/2022)

• A Resident Rights and Abuse training completion report will be generated by the Business office manager or Executive director in our training software to show which staff have not completed the training. All staff members have will receive a Resident Rights and Abuse training on 11/29/22 from the administrator. When an offer is made for a new hire, the business office manager will initiate the new hire checklist. The checklist will be filled out in its entirety before the new fire will attend new hire orientation. New hire orientation is the first day of onsite employment where they will be required to attend new hire orientation as their first day of employment with Juniper which covers Resident rights and Abuse, the emergency medical plan, mandatory reporting and reportable incidents and conditions. The administrator and the business office manager will complete an audit on the first Thursday of each month and audit the last 30 days of new hires to ensure all new hire information and credentials are present.

Licensee's Proposed Overall Completion Date: 01/01/2023

Implemented ([redacted] - 02/02/2023)

65d - Initial Direct Care Training

12. Requirements

2600.

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

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

Description of Violation

Direct care staff person B, hired on [redacted] began providing unsupervised ADL services on or about [redacted]. However, the staff person did not complete and pass the Department approved direct care training course and pass the competency test.

Direct care staff person C, hired on [redacted] began providing unsupervised ADL services on or about [redacted]. However, the staff person did not complete and pass the Department approved direct care training course and pass the competency test.

Repeat Violation: 6/29/21 et al.

Plan of Correction

Accept ([redacted] 11/22/2022)

• All staff records are under review by the business office manager and the administrator as of 10/6/22 to ensure all licensing credentials and education is present in employee file. The date for compliance is 1/1/23. When an offer is made for a new hire, the business office manager will initiate the new hire checklist. The checklist will be filled out in its entirety before the new fire will attend new hire orientation. New hire orientation is the first day of onsite employment. The administrator and the business office manager will complete an audit on the first Thursday of each month and audit the last 30 days of new hires to ensure all new hire information and credentials are present.

Licensee's Proposed Overall Completion Date: 01/01/2023

Implemented ([redacted] - 02/02/2023)

101j5 - Bedside Table/Shelf

13. Requirements

101j5 - Bedside Table/Shelf (continued)

- 2600.
- 101.j. Each resident shall have the following in the bedroom:
 - 5. A bedside table or a shelf.

Description of Violation

There is no bedside table or shelf beside resident #4's bed in bedroom [REDACTED].

Plan of Correction

Accept [REDACTED] - 11/22/2022)

• A bedside table has been placed next to resident #4's bed by the Administrator on 9/20/22. All residents room were audited for bedside table on 9/27/22 by the Administrator. Monthly Maintenance rounds by the Environmental Services director will ensure bedside table is present. Checking for bedside table is apart of the move in check list. Administrator will ensure compliance.

Licensee's Proposed Overall Completion Date: 12/14/2022

Implemented [REDACTED] - 02/02/2023)

101j7 - Lighting/Operable Lamp

14. 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 #4 does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept [REDACTED] - 11/22/2022)

• A bedside lamp has been placed next to resident #4's bed by the Administrator on 9/20/22. All residents room were audited for bedside lamps on 9/27/22 by the Administrator. Monthly Maintenance rounds by the Environmental Services director will ensure bedside lamp is present. Checking for bed side lamp is apart of move in checklist. Administrator will ensure compliance.

Licensee's Proposed Overall Completion Date: 12/14/2022

Implemented [REDACTED] - 02/02/2023)

124 - Notice to Fire Department

15. Requirements

- 2600.
- 124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The home does not have documentation of written notification to the local fire department of the address of the home, location of the bedrooms, and the assistance needed to evacuate in an emergency.

Plan of Correction

Accept [REDACTED] - 11/22/2022)

• A letter was sent to the [REDACTED] Fire Marshal on 10/10/22 by the Administrator. The Administrator will send the letter to the fire department monthly on the 4th Wednesday of the month. The fire mobility letter conformation will be added to our Monthly EVS checklist that the Director of Environmental will complete on a Monthly basis.

124 Notice to Fire Department (continued)

Administrator will send next mobility letter on 11/23/22.

Licensee's Proposed Overall Completion Date: 11/30/2022

Implemented (█) - 02/02/2023)

131c - Kitchen Fire Extinguisher**16. Requirements**

2600.

131.c. A fire extinguisher with a minimum 2A-10BC rating shall be located in each kitchen. The kitchen extinguisher must meet the requirements for one floor as required in subsection (a).

Description of Violation

The kitchen fire extinguisher in the Memory Care kitchen is overcharged. The charge indicator is in the red danger zone. An overcharged fire extinguisher can cause leakage or an explosion.

Plan of Correction

Accept (█) - 11/22/2022)

• The fire extinguisher in the Kitchen was replaced on 9/20/22 by the environmental services director. Education was provided to the maintenance team on 10/5/22 by the Administrator. A fire extinguisher check form has been created by the administrator on 10/15/22 to ensure that all fire extinguishers are checked for proper charge level. Monthly checks started on 11/14/22 and will be done monthly using the new form. Maintenance checklists will be looked over weekly for monthly progress by the administrator and the environmental services director.

Licensee's Proposed Overall Completion Date: 11/19/2022

Implemented (█) - 02/02/2023)

132c - Fire Drill Records**17. Requirements**

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the drill conducted on 6/30/22 does not include the correct date. The log lists the date of the drill as 6/28/22.

Plan of Correction

Accept (█) - 11/22/2022)

• The Environmental Services Director is responsible for checking the fire drill logs for accuracy. Education was provided to the maintenance team on 10/5/22 by the Administrator. Fire Drill log checks will be apart of the EVS monthly checklist that the administrator and the environmental services director will complete monthly to ensure compliance. Maintenance checklists will be looked over weekly for monthly progress by the administrator and the environmental services director

Licensee's Proposed Overall Completion Date: 11/30/2022

132c - Fire Drill Records (continued)

Implemented (█) - 02/02/2023)

132f - Alternate Exit Routes

18. Requirements

2600.
132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

The south exit was the only exit route used during the fire drills held from December 2021 to August 2022.

Plan of Correction Accept (█) - 11/22/2022)

• The maintenance team who is responsible for completing monthly fire drills have been educated on the importance of varying the location of the fire exit used during drills by the Administrator on 10/5/22. Administrator and Environmental Service Director will ensure compliance when reviewing our monthly EVS checklist. Maintenance checklists will be looked over weekly for monthly progress by the administrator and the environmental services director.

Licensee's Proposed Overall Completion Date: 11/30/2022

Implemented (█) - 02/02/2023)

162c - Menus Posted

19. Requirements

2600.
162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home's menu for the week of 9/11/22- 9/17/22 was posted. However, the 1 week advanced menu was not posted.

Plan of Correction Accept (█) - 11/22/2022)

• On 9/20/22, the Administrator started posting two weeks' worth of menus. Weekly the Administrator and the Dining Director will ensure that two weeks of menus are posted. Every Friday, the Administrator or Dining director will print and post new menus. The new dining director started 11/21/22 has been educated on importance of posting menus.

Licensee's Proposed Overall Completion Date: 11/19/2022

Implemented (█) - 02/02/2023)

185a - Implement Storage Procedures

20. 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 █ at █, resident #1's glucometer was not calibrated to the correct date and time. The glucometer reads █.

185a - Implement Storage Procedures (continued)

Plan of Correction

Accept () - 11/22/2022)

• All blood glucose monitors were checked for accurate date and time by the director of wellness on 9/20/22. Monthly checks will be done by the director of wellness on the on all blood glucose machines and reported at quality management meetings. (See attached agenda). Education provided to LPN's and Med Techs by the administrator on 10/5/22. Administrator and director of wellness will ensure compliance.

Licensee's Proposed Overall Completion Date: 11/30/2022

Implemented () - 02/02/2023)

21. 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 #2 is prescribed () as needed. On (), the medication was not available in the home.

Plan of Correction

Accept () - 11/22/2022)

• The medication carts have been checked by the director of wellness to ensure all orders are present on 9/20/22. The director of wellness will check the medication carts monthly with medication audit form. Director of wellness will maintain compliance by reporting Quartey at our quality management meetings.

Licensee's Proposed Overall Completion Date: 11/30/2022

Implemented () - 02/02/2023)

191 - Resident Right to Refuse

22. 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 (), has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Resident #2, admitted (), has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Resident #3, admitted (), 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 () - 11/22/2022)

• All contacts are under review as of 9/20/22 by administrator and business office manager for resident signatures, date for compliance will be 1/1/23. The administrator has created an admission checklist on 9/20/22 that has a spot to check off that all signatures for from the responsible party and the resident. When an admission is anticipated, the move in checklist will be indicated by the administrator. Monthly on 1st Monday of the month the administrator will review all move in checklists for the month and ensure that the checklist is filled out in its entirety. Administrator will ensure compliance.

191 - Resident Right to Refuse (continued)

Licensee's Proposed Overall Completion Date: 01/01/2023

Implemented () - 02/02/2023

224a - Preadmission Screen Form

23. 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 #2 was admitted to the home on (); however, the resident's preadmission screening form was completed on ().

Resident #5 was admitted to the home on () however, the resident's preadmission screening form was completed on ().

Plan of Correction

Accept () - 11/22/2022

We have a wavier that permits the wellness team to complete our preadmission screenings in our electronic medical record. We have realized that while the assessment date reflects correctly on paper, our system will automatically enter the current date on the signature date, causing what appears as a delay in completing the assessment.

Preadmission screening is currently completed by hand on the PA DPW-ARL form as required and placed in the resident's physical chart upon admission to the community. After admission, when time allows, all information from the handwritten preadmission evaluation is copied onto the electronic version available on our point click care system. To prevent a reoccurrence of the issue, it was determined that effective immediately from the date of the survey, the handwritten preadmission assessment will be scanned into the electronic file along with the signed contract and become part of the official record on the date of admission to the community. Education provided nurses about how to scan into medical chart on our electronic medical records. Director of wellness and administrator will ensure compliance.

Licensee's Proposed Overall Completion Date: 11/30/2022

Implemented () - 02/02/2023

227g -Support Plan Signatures

24. 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's support plan was not signed by the assessor.

Plan of Correction

Accept () - 11/22/2022

• At all Care Conference meetings, all signatures will be verified during care conference meetings by the administrator. Resident care meetings happen annually or upon a significant change. The administrator will ensure signatures on assessment when meeting has been concluded by checking each month that all signatures are completed. Administrator will ensure compliance.

227g Support Plan Signatures *(continued)*

Licensee's Proposed Overall Completion Date: 11/30/2022

Implemented [REDACTED] - 02/02/2023)

231c - Preadmission Screening

25. 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 #2 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]. However, the resident's written cognitive preadmission screening was completed on [REDACTED].

Resident #5 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]. However, the resident's written cognitive preadmission screening was completed on [REDACTED].

Plan of Correction

Accept [REDACTED] - 11/22/2022)

We have a wavier that permits the wellness team to complete our preadmission screenings in our electronic medical record. we failed to realize that while the assessment date reflects correctly, our system will automatically enter the current date on the signature date, causing what appears as a delay in completing the assessment.

Preadmission screening is currently completed by hand on the PA DPW ARL form as required and placed in the resident's physical chart upon admission to the community. After admission, when time allows, all information from the handwritten preadmission evaluation is copied onto the electronic version available on our point click care system. To prevent a reoccurrence of the issue, it was determined that effective immediately from the date of the survey, the handwritten preadmission assessment will be scanned into the electronic file along with the signed contract and become part of the official record on the date of admission to the community. Education provided nurses about how to scan into medical chart on our electronic medical records. Director of wellness and administrator will ensure compliance.

Licensee's Proposed Overall Completion Date: 11/30/2022

Implemented [REDACTED] - 02/02/2023)