pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: MARCH 15, 2023

[redacted]
Columbia/Wegman Collegeville, LLC
[redacted]

RE: The Landing of Collegeville
1421 South Collegeville Road
Collegeville, Pennsylvania 19426
License #: 142611

[redacted]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspection September 15, 20, 22, and 29, 2022 and December 7, 2022 of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance 142610 dated September 12, 2022 to September 12, 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. The license dated September 12, 2022 to September 12, 2023 is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. § 1026 (b)(1) ;(4) and 55 Pa. Code § 20.71(a)(2) ;(3) ;(4) ;(5) ;(6) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from March 15, 2023 to September 15, 2023.

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.

[redacted]

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.

55 Pa. Code Chapter 2600:	Class of Violation	Census at Inspection	Fine Per Resident X Per day	Calculated Fine = Per Day	Mandated Correction Date (to avoid Fine)
187b	II	79	$5	$395	5 calendar days from mailing date of this letter
187d	II	79	$5	$395	5 calendar days from mailing date of this letter
227g	III	79	$5	$395	5 calendar days from 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 FIRST 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.

[redacted]

If you decide to appeal your FIRST PROVISIONAL license, 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
PH: 717-214-1304

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

Jamie Buchenauer
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc: [redacted]

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

Facility Information

Name: *THE LANDING OF COLLEGEVILLE* **License #**: *14261* **License Expiration**: *09/12/2023*

Address: *1421 SOUTH COLLEGEVILLE ROAD, COLLEGEVILLE, PA 19426*

County: *MONTGOMERY* **Region**: *SOUTHEAST*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *COLUMBIA/WEGMAN COLLEGEVILLE LLC*

Address: [redacted]

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *I-1* **Date**: *06/30/2016* **Issued By**: *Upper Providence Twp*

Staffing Hours

Resident Support Staff: *90* **Total Daily Staff**: *180* **Waking Staff**: *135*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal* **Exit Conference Date**: *09/29/2022*

Inspection Dates and Department Representative

09/15/2022 - Off-Site: [redacted]
09/20/2022 - On-Site:
09/22/2022 - On-Site:
09/29/2022 - On-Site:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *110* **Residents Served**: *70*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *OPAL -1st floor* **Capacity**: *20* **Residents Served**: *19*

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *70*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *20* **Have Physical Disability**: *0*

Inspections / Reviews

09/15/2022 - Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *10/17/2022*

10/25/2022 - POC Submission

Submitted By: [redacted] **Date Submitted**: *11/16/2022*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *11/03/2022*

11/10/2022 - POC Submission

Submitted By: [redacted] **Date Submitted**: *11/16/2022*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *11/18/2022*

01/17/2023 - Document Submission

Submitted By: [redacted] **Date Submitted**: *11/16/2022*

Reviewer: [redacted] **Follow-Up Type**: *Enforcement*

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 9/28/22 the home's most recent violation report was not posted in a conspicuous and public place in the home.

POC Submission ***Accept [redacted] - 11/01/2022)***

The regulations and recent violation report is located in a binder marked State Survey. Its location is accessible without staff intervention to the right of the reception desk on the visitor side next to the resident/ family kiosk. The receptionist team is being educated By the Business Office Manager on the regulation and instructed to check for placement daily through 11.15.22. Receptionist team will notify the administrator if the binder is missing so the information can be replaced.

Licensee's Plan Completion Date: *11/15/2022*

Implemented [redacted] - 12/22/2022)

42b - Abuse

2. 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

Resident #1 had a red area on her sacral area identified on 6/22/22. According to nursing notes a telephone order was obtained on 6/22/22 to cleanse pat dry, triple paste (zinc 40%,) apply Mepilex dressing once daily to sacral area, also an order to increase protein with ensure plus twice daily. This treatment was completed on 6/22/22 and 6/28/22 according to nursing notes. The June, 2022 MAR does not include this physicians order. There is no record of any further treatment from 6/28/22 until 8/15/22 when a nurse documented and increase redness on sacral area. By 8/23/22, the sacrum now had a small open area. The July and August, 2022 MAR's were blank and did not have any treatment orders noted. On 9/7/22 an order for treatment of the wound on the sacral area was noted for 11:00am and 4:30pm. The treatment order was started on 9/8/22, 9/10/22 and 9/12/22 with only one treatment on each of these days. By 9/16/22, the resident sacral wound was a stage 2 and required treatment by a wound specialist.

Resident #1 developed a black area covering the right heel on 9/3/2022. A prescription order was indicated on 9/4/22 to cleanse left anterior foot with normal saline, pat dry, apply triple antibiotic ointment and change dressing every other day until healed. Treatment order for the heel wound was not started until 9/7/22. There is no treatment order for the right foot. By 9/16/22, the right heel required treatment of a wound specialist for a pressure ulcer of the right heel, unstageable.

POC Submission ***Directed [redacted] - 11/01/2022)***

The community understands the complexity of the care needs of Resident #1. There were however some additional circumstances contributing to the allegation of neglect as noted throughout the resident record. Resident # 1 has a history since move in July 2018 of making choices for treatments that were contrary to the recommendations of the physician, as documented through the resident record and plan. These choices included an increased reluctance to

42b - Abuse (continued)

participate in therapy, refusal of offered pysch support, and in May 2022 an increased preference to remain in bed. This issue was addressed by the physician on 5/31/22 and again on 6/15/22, at which time [redacted] discontinued all medical intervention after consulting with resident and designated person. On 6/28/22 a recommendation was made to begin considering a higher level of care due to risk factors inherent in noncompliance and immobility. In the following weeks the resident continued to refuse a variety of treatment and support service interventions, which were acknowledged by the doctor and the designated person. On 8/23/22 the designated person was informed that a higher level of care was warranted at this time, and suggestions were provided for appropriate care communities. The resident was transported to a higher level of care on 9/23/22.

The community acknowledges that the assessment/ support plan was not updated to reflect the change in condition seen in June 2022, as indicated in this report. The community also acknowledges inaccuracies in order transcription and documentation of attempted treatments. A change in Pharmacy providers was completed September 22, 2022. A root cause analysis was completed on 9.21.22 reviewing the complete care of Resident #1. The General Manager will review the results of the analysis and provide additional training in the areas of assessments, documentation, and medication procedures as well as the prevention, identification, and treatment of wounds and neglect as outlined in this report has begun with all clinical staff and will be completed by 11.15.22

DPOC - [redacted] 11/1/22
The General Manager will discuss abuse and neglect at all staff meetings, for the next 6 months, starting immediately. Documentation of the agenda will be maintained for the Departments review.

The General Manager or Director of Nursing will conduct monthly audits of residents records of those residents receiving wound care to ensure treatment is being followed, the RASP has been updated, and all clinical staff are aware of the needed treatment, starting immediately. The audits will be conducted for the next six months and documentation of the audits will be maintained for the Departments review.

Directed Completion Date: *11/15/2022 Licensee's Plan Completion Date*

Not Implemented [redacted] - 12/22/2022)

96a - First Aid Kit

3. Requirements

2600.
96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The first aid kit in the nursing office and SDCU does not include Band-Aids, antiseptic, gauze pads, adhesive tape, and thermometer.

POC Submission ***Accept ([redacted] - 10/25/2022)***

The first aid kit was re-stocked and is available for emergencies by the DON. Staff are being re-educated on the appropriate use of the first aid kit and its contents, and a tag system was implemented to alert staff to the need to restock. The Health and Wellness Director will ensure the kit is stocked and available during monthly audits, starting immediately.

96a - First Aid Kit *(continued)*

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

Implemented [redacted] - 12/22/2022)

96b - First Aid Location

4. Requirements

2600.
96.b. Staff persons shall know the location of the first aid kit.

Description of Violation

Staff person A, did not know the location of the first aid kit.

POC Submission ***Accept[redacted] - 11/01/2022)***

Staff are being re-educated on the use and location of the first aid kit by department heads by 11.15.22.
Ongoing, the use and location of the first aid kit is posted on the schedule board as a visual reminder to staff, who are educated on the location and use during new hire orientation by the Business Office Manager.

Licensee's Plan Completion Date: *11/15/2022*

Implemented ([redacted] - 12/22/2022)

103e - Left Overs

5. Requirements

2600.
103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

There was an unlabeled, undated carton of Neapolitan ice-cream and a box of half eaten apple pie in the 2nd floor activity area refrigerator/freezer.

POC Submission ***Accept ([redacted] - 11/01/2022)***

The apple pie and ice cream were placed in the activity kitchen following a party and removed at the time of survey.
The activities staff are being re-educated by the Guest Services Manager to check the open access refrigerator at the beginning and end of each shift to remove undated or unlabeled food by 11.15.22.

Licensee's Plan Completion Date: *11/15/2022*

Implemented ([redacted] - 12/22/2022)

105g - Lint Removal and Duct Cleaning

6. 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 9/20/22, there was an approximate 1/8 inch accumulation of lint in the lint trap of the 2nd floor resident dryer. There were no clothes in the dryer at the time.

105g - Lint Removal and Duct Cleaning (continued)

On 9/29/22, there was an approximate 1/8 inch accumulation of lint in the lint trap of the commercial dryer. There were no clothes in the dryer at the time.

POC Submission ***Accept [redacted] - 10/25/2022)***

Lint was removed during the survey.
Signage is posted at each dryer to remind residents, families and staff to empty the lint after each use.
Dryers are checked each shift by assigned staff to ensure compliance, and a vacuumed weekly by the housekeeping team.

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

Implemented [redacted] - 12/22/2022)

123c - Evacuation Diagrams

7. Requirements

2600.
123.c. For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

Description of Violation

The home currently serves 70 residents. However, the is a partial line of travel on the 2nd floor evacuation diagram posted.

POC Submission ***Accept ([redacted] - 10/25/2022)***

The approved evacuation plans posted showed the primary path of evacuation and an alternate path for each posted area (attached). An additional alternative route was added to the diagram to better comply with the regulation (attached).

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

Implemented [redacted] 12/22/2022)

141a 1-10 Medical Evaluation Information

8. Requirements

2600.
141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #1's medical evaluation, dated 4/1/22, did not include the residents weight.

141a 1-10 Medical Evaluation Information (continued)

Resident #2's medical evaluation, dated 7/5/22, did not include the residents height.
Resident #3's medical evaluation, dated 4/11/22, did not include the residents height and weight. The change of condition medical evaluation for this resident, dated 8/2/22, did not include the resident height.

POC Submission ***Accept [redacted] - 11/01/2022)***

Resident 2 and 3 medical evaluations were updated to include missing elements on 10.13.22.
During the preparation for the medical evaluation, the community nurse will now complete the permitted areas of the evaluation tool to ensure all information is complete and accurate.
The Health and Wellness Director will audit all completed DMEs prior to filing in the medical record to ensure ongoing compliance.

Licensee's Plan Completion Date: *11/15/2022*

Not ***Implemented [redacted]/22/2022)***

187c - Refusal of Medication

9. Requirements

2600.
187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

On 9/15/22 at 9am, resident #4 refused to take a scheduled dose of Midodrine 5mg, Memantine 14mg, Fludrocortisone Acetate 0.1mg, Clopidogrel 75mg, Acetaminophen 325mg. The home did not report the refusal to the physician or document any response.

On 8/2/22, resident #5 refused all 9am medications which included Amiodarone 200mg, ASA 81mg, Atorvastatin 40mg, Basaglar Insulin, Bumetanide 1mg, Docusate 100mg, Ferrous Sulfate 325mg, Hydralazine 10mg, Insulin Apart 1ml, Metoprolol 50mg, Polyethylene glycol. The home did not report the refusal to the physician or document any response.

POC Submission ***Accept ([redacted] - 11/01/2022)***

All medication refusals will be reported to the physician unless indicated by the physician and documented in the medical record.
All med techs and nurses are being re-educated by the Health and Wellness Director regarding this requirement through 11.15.22.
The Health and Wellness Director will monitor ongoing compliance through weekly MAR reviews 10.13.22

Licensee's Plan Completion Date: *11/15/2022*

Not Implemented [redacted] - 12/22/2022)

187d - Follow Prescriber's Orders

10. Requirements

187d - Follow Prescriber's Orders *(continued)*

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 was prescribed by the physician Miconazole Nitrate 2% apply to buttock/sacrum after each incontinent episode listed as PRN but not given from 6/1 though 6/15. The resident is incontinent and the home failed to provide the treatment.

Resident #1 was prescribed by the physician, on 6/22/22, for triple paste (zinc 40%), apply Mepilex dressing once daily to sacral area, and an order to increase protein with ensure plus twice daily. This treatment was documented on 6/22/22 and 6/28/22 without any order on the MAR's for June, July and August, 2022. There is no information regarding the administration of ensure plus twice daily.

Resident #1 as of 9/7/22 is prescribed antibiotic and dressing every other day until healed for a sacral wound at 11am and 4:30pm. The home provided treatment once every other day on 9/8/22, 9/10/22, 9/12/22, 9/14/22, 9/16/22, 9/18/22, 9/20/22.

Resident #1 is prescribed triple antibiotic ointment to the left foot on 9/4/22 for a right foot heel wound. The resident did not start the treatment on the right heel wound until 9/7/22. There was no treatment to the left foot performed.

Resident #2, is prescribed Lidocaine pain relief patch to shoulders which was not available for administration on from 9/1/22 through 9/26/22 and Desitin 40% paste from 9/1/22 through 9/29/22.

Repeated Violation 11/3/21

POC Submission ***Accept [redacted] - 11/01/2022)***

Staff will follow the directions of the prescriber as written.
The community changed pharmacies on 9.22.22 due to ongoing issues with dropped orders and unavailable medications.
Resident #1 had additional complications with their ongoing treatment as discussed.
Resident #2 did receive their treatment, although orders had to be added to the profile multiple times during the month (attached).
The clinical team is being re-educated by the Health and Wellness Director on medication procedures and compliance with following physician orders through 11.15.22.
The Health and Wellness Director or designee audits medication inventory and order compliance daily for ongoing compliance.

Licensee's Plan Completion Date: *11/15/2022*

Not Implemented [redacted] - 12/22/2022)

188b - Medication Error Reporting

11. Requirements

2600.
188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

188b - Medication Error Reporting *(continued)*

Description of Violation

On 6/22/22, Resident #1 was prescribed triple paste (zinc 40%), apply Mepilex dressing once daily to sacral area, and an order to increase protein with ensure plus twice daily. This treatment was documented on 6/22/22 and 6/28/22 without any order noted on the MAR's for June, July and August, 2022. There is no information regarding the administration of ensure plus twice daily. The home did not notify the family or the residents physician.

Resident #1 as of 9/7/22 is prescribed antibiotic and dressing every other day until healed for a sacral wound at 11am and 4:30pm. The home provided treatment once every other day on 9/8/22, 9/10/22, 9/12/22, 9/14/22, 9/16/22, 9/18/22, 9/20/22.
The home did not notify the family or the residents physician.

Resident #1 is prescribed triple antibiotic ointment to the left foot on 9/4/22 for a right foot heel wound. The resident did not start the treatment on the right heel wound until 9/7/22. There was no treatment to the left foot performed. The home did not notify the family or the residents physician of this medical error.

Resident #2, is prescribed Lidocaine pain relief patch to shoulders which was not available for administration on from 9/1/22 through 9/26/22 and Desitin 40% paste from 9/1/22 through 9/29/22. The home did not notify the family or the residents physician.

POC Submission ***Accept [redacted] - 11/01/2022)***

Staff will report medication errors to the resident, dedicated person, and prescriber.
All medical staff are being re-educated through 11.15.22 regarding medication documentation procedures.
The Health and Wellness Director will complete weekly audits of MAR reviews during regular audits 10.13.22

Licensee's Plan Completion Date: *11/15/2022*

Not Implemented [redacted] - 12/22/2022)

188c - Medication Error Documentation

12. Requirements

2600.
188.c. Documentation of medication errors and the prescriber's response shall be kept in the resident's record.

Description of Violation

Resident #1 is prescribed wound care to the sacral area. However, resident #1 was not administered the t[redacted]eatment from 6/28/22 through 8/15/22. There is no documentation of the error in the resident's record.

Resident #1 is prescribed wound care treatment to the left heel, starting 9/3/22. The residents wound is on the right heel.

Resident #2, is prescribed Lidocaine pain relief patch to shoulders which was not available for administration on from

188c - Medication Error Documentation (continued)

9/1/22 through 9/26/22 and Desitin 40% paste from 9/1/22 through 9/29/22.

POC Submission ***Accept (- 11/01/2022)***

Staff will document medication errors and the prescribers response in the medical record.
All medical staff are being re-educated by the Health and Wellness Director regarding medication documentation procedures through 11.15.22.
The Health and Wellness Director will complete weekly audits of MAR reviews during regular audits 10.13.22

Licensee's Plan Completion Date: *11/15/2022*

Not Implemented (- 12/22/2022)

225c - Additional Assessment

13. Requirements

2600.
225.c. The resident shall have additional assessments as follows:
2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident 1's assessment, dated /22, does not include the residents care needs for the sacral wound and services to be provided.

POC Submission ***Accept 11/01/2022)***

Residents will have additional assessments if conditions significantly change prior to the annual assessment.
Resident #1 did not have skin integrity issues in March 2022.
Staff are being re-educated regarding the criteria for reassessment through November 15 by the Health and Wellness Director.
The Health and Wellness Director will monitor order changes and documentation to determine the need for reassessment due to change in condition. 10.13.22

Licensee's Plan Completion Date: *11/22/2022*

Not Implemented - 12/22/2022)

14. Requirements

2600.
225.c. The resident shall have additional assessments as follows:
1. Annually.

Description of Violation

Resident #2's current assessment was completed on /22. However, the resident's previous assessment was completed on 7/7/21

POC Submission ***Accept - 11/01/2022)***

Staff completed the assessment on the medical record system on 7/5/22 but failed to lock the assessment until printing on 9/22/22. This was not noticed at the time, as the system lists the completion date as 7/5/22,
Re-education is being provided to all clinical staff by the Health and Wellness Director to ensure that assessments are locked in the system at the time of completion through 11.15.22
The Health and Wellness Director will audit completed assessments monthly to ensure they are locked appropriately and timely October 2022.

225c - Additional Assessment *(continued)*

Licensee's Plan Completion Date: *11/15/2022*

Not Implemented [redacted] - 12/22/2022)

227c - Support Plan Revision

15. Requirements

2600.
227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

Resident 1's assessment was completed on 3/19/22; however, the resident's support plan did not address the residents needs for sacral wound care.

POC Submission ***Accept[redacted] - 11/01/2022)***

Resident #1 did not have skin integrity issues in March 2022.
Staff are being re-educated regarding the criteria for reassessment by the Health and Wellness Director through 11.15.22
The Health and Wellness Director will monitor order changes and documentation to determine the need for reassessment due to change in condition 10.13.22

Licensee's Plan Completion Date: *11/15/2022*

Not Implemented[redacted] - 12/22/2022)

227g -Support Plan Signatures

16. Requirements

2600.
227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #3 participated in the development of[redacted] support plan on 5/3/22. However, the resident signed the plan but did not date the plan.

Repeated Violation 11/3/21

POC Submission ***Accept[redacted] 11/01/2022)***

Residents will sign and date the support plan.
The May support plan was reviewed again with the resident 10.31.22
Staff are being re-educated by the Health and Wellness Director to ensure signatures and dates are in place following development through 11.15.22
The Health and Wellness Director will audit all completed support plans for signatures and dates prior to filing in the medical record 10.13.22

Licensee's Plan Completion Date: *11/15/2022*

Not Implemented[redacted] - 12/22/2022)

227h - Support Plan Refuse Sign

17. Requirements

2600.

227h - Support Plan Refuse Sign *(continued)*

227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

Description of Violation

Resident #2 participated in the development of his/her support plan on 7/7/21. The resident #2 did not sign the support plan. The home did not make a notation regarding the resident's refusal or inability to sign.

Resident #3 participated in the development of his/her support plan on 5/15/22, however the resident did not date or sign the plan. The home did not make a notation regarding the resident's refusal or inability to sign.

POC Submission ***Accept (- 11/01/2022)***

Residents will sign and date the support plan. If a resident is unable or unwilling to sign, the attempts to obtain signatures will be documented on the form.
Clinical staff are being re-educated to ensure signatures and dates are in place or attempts are documented following development by the General Manager through 11.15.22.
The Health and Wellness Director will audit all completed support plans for signatures and dates prior to filing in the medical record 10.13.22

Licensee's Plan Completion Date: *11/15/2022*

Not Implemented - 12/22/2022)

252 - Record Content

18. 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.
18. An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated.

Description of Violation

Resident #1's record does not include an inventory.
Resident #2's record does not include an inventory and the residents religion preference.
Resident #3's record does not include an inventory and the residents religion preference.
Resident #5's record does not include an inventory.
Resident #6's record does not include an inventory and the residents religion preference.
Resident #7's record does not include an inventory and the residents religion preference.

POC Submission ***Accept - 11/01/2022)***

The resident inventory has been added to the new move in packet of information.
Current residents and families will be provided with an inventory to complete per their preference by the Business Office Manager 11.30.22
Religious preferences, previously obtained and managed by activities, have been included in the medical record .
Preferences will now be obtained at move in and included in the medical record.10.13.22
Files will be audited for completion during quarterly audits completed by the General Manager.

Licensee's Plan Completion Date: *11/15/2022*

Implemented - 12/22/2022)