

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

December 18, 2022

[REDACTED]  
HSL DOUGLASSVILLE SUBTENANT LLC  
[REDACTED]  
[REDACTED]

RE: KEYSTONE VILLA AT  
DOUGLASSVILLE PERSONAL CARE  
1152 BEN FRANKLIN HIGHWAY  
EAST  
DOUGLASSVILLE, PA, 19518  
LICENSE/COC#: 22768

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/15/2022, 09/22/2022 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,  
Anne Graziano

cc: Pennsylvania Bureau of Human Service Licensing

## Facility Information

Name: *KEYSTONE VILLA AT DOUGLASSVILLE PERSONAL CARE* License #: *22768* License Expiration: *06/13/2023*Address: *1152 BEN FRANKLIN HIGHWAY EAST, DOUGLASSVILLE, PA 19518*County: *BERKS*Region: *NORTHEAST*

## Administrator

Name: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

## Legal Entity

Name: *HSL DOUGLASSVILLE SUBTENANT LLC*Address: *765 SKIPPACK PIKE, SUITE 300, C/O HERITAGE SENIOR LIVING, BLUE BELL, PA, 19422*

Phone: [REDACTED]

Email: [REDACTED]

## Certificate(s) of Occupancy

## Staffing Hours

Resident Support Staff: *52*Total Daily Staff: *219*Waking Staff: *164*

## Inspection Information

Type: *Partial*Notice: *Unannounced*

BHA Docket #:

Reason: *Interim*Exit Conference Date: *09/22/2022*

## Inspection Dates and Department Representative

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

09/22/2022 - On-Site: [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

License Capacity: *168*Residents Served: *115*

## Secured Dementia Care Unit

In Home: *Yes*Area: *n/a*Capacity: *68*Residents Served: *39*

## Hospice

Current Residents: *4*

## Number of Residents Who:

Receive Supplemental Security Income: *0*Are 60 Years of Age or Older: *115*Diagnosed with Mental Illness: *0*Diagnosed with Intellectual Disability: *0*Have Mobility Need: *52*Have Physical Disability: *0*

## Inspections / Reviews

09/15/2022 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *10/23/2022*

Inspections / Reviews (*continued*)

## 11/14/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/24/2022

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 11/21/2022

## 11/21/2022 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/21/2022

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 11/28/2022

## 12/18/2022 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/21/2022

Reviewer: [REDACTED]

Follow-Up Type: Not Required

## 16c - Written Incident Report

### 1. Requirements

2600.

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

*Resident #1 has an order for metoprolol tartrate 100mg, one tablet twice daily, hold for systolic blood pressure less than 105 and heart rate less than 60. The resident did not receive the medication on 9/6/22 at 8am because it was not available from the pharmacy. The Department was not notified regarding the medication error.*

*Repeat violation: 4/5/21*

#### POC Submission

**Accept (JH - 11/10/2022)**

*WHAT: Resident #1 has an order for metoprolol tartrate 100mg, one tablet twice daily, hold for systolic blood pressure less than 105 and heart rate less than 60. The resident did not receive the medication on 9/6/22 at 8am because it was not available from the pharmacy. The Department was not notified regarding the medication error.*

*Repeat violation: 4/5/21*

*WHO: Medication Technicians will report to RCD, MCD, and or ED at the time of a medication error. Additionally, ED, RCD, and MCD will conduct a daily review of EMAR to identify any missed meds when in the community. Executive Director or Resident Care Director will create the state reportable in the event of a medication error and submit it within 24 hours.*

*HOW: The Resident Care Director and Memory Care Director will train all Medication Technicians and Nurses on missed medication reporting guidelines. (Attachment F)*

*WHEN: Training will be completed by November 4th, 2022.*

*ONGOING: The Resident Care Director and Memory Care Director will do daily reviews of the dashboard in the EMAR during clinical meetings to ensure any missed medications are being reported appropriately. A summary of findings will be reviewed at the Quarterly QA Review Meeting in January, April, July, and October. Executive Director will also review all incident reports and track state reportable incidents.*

**Licensee's Proposed Overall Completion Date: 11/04/2022**

**Implemented (AG - 11/21/2022)**

## 23a - Activities of Daily Living Assistance

### 2. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

#### Description of Violation

*Resident #2's RASP dated [REDACTED] notes the resident requires prompting/cuing to transfer and cannot pull clothes up or down for toileting. The call bell logs were reviewed from 9/22-9/17/22, during this time the resident had to wait approximately 17-30 minutes to be assisted.*

#### POC Submission

**Accept (JH - 11/10/2022)**

*What: Call bell logs reviewed from 9/22 -9/17/22 of [REDACTED] indicate the resident had to wait approximately 17-30 minutes.*

**23a - Activities of Daily Living Assistance (continued)**

*Who: The Executive Director and Maintenance Director reviewed the escalation protocol for how and to whom call bell notifications are sent and in what time reference. This protocol was adjusted include Med Techs and to eliminate notification steps to positions in the building that are not directly responsible for resident care, which will prevent notifications going to phones that have voice mail systems.*

*How: Executive Director will review call bell reports daily during Clinical Meeting with Resident Care Director and or Memory Care Director to determine appropriate response and identify trends. Executive Director and Resident Care Director/Memory Care Director will review with staff any patterns or trends of concern. Daily reviews of call bell reports will begin the week of October 24th, 2022.*

*Ongoing: Daily reviews will be summarized as part of the Quarterly QA Review. Findings will be reviewed with the Management Team at Quarterly Meetings in January, April, July, and October. Concerns will be reported, documented, and become part of the Action Plan.*

**Licensee's Proposed Overall Completion Date: 10/24/2022**

**Implemented (AG - 11/21/2022)**

**60a - Staff/Support Plan****3. Requirements**

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

**Description of Violation**

*The home currently serves 115 residents, 52 of these residents require assistance to evacuate during an emergency. The home reserves 20 residents that require 1 person assist to transfer and evacuate and 15 residents require a 2 person assist to transfer and evacuate. The other 17 residents require a constant cue to evacuate due to their cognitive impairment. On 7/10/22 and 7/23/22, the home had 5 staff members working 11p-7a. In the event of an emergency the home does not have enough staff to meet the residents needs per their resident assessment and support plan.*

**POC Submission**

**Accept (AG - 11/14/2022)**

*What: The home currently serves 115 residents, 52 of these residents require assistance to evacuate during an emergency. The home reserves 20 residents that require 1 person assist to transfer and evacuate and 15 residents require a 2 person assist to transfer and evacuate. The other 17 residents require a constant cue to evacuate due to their cognitive impairment. On 7/10/22 and 7/23/22, the home had 5 staff members working 11p-7a. In the event of an emergency the home does not have enough staff to meet the residents needs per their resident assessment and support plan.*

*Who: The Administrator, Resident Care Director, and Memory Care Director have reassessed mobility and care needs with staff input to ensure accuracy in determining needs and staffing hours to support all residents.*

*How: The community has reviewed and updated the mobility status of all residents to ensure the transfer and evacuation needs are accurately recorded. In addition, the schedule has been adjusted and the overnight 11p-7a staffing complement was increased to properly support resident care needs.*

*When: The Resident Care Director and Memory Care Director review schedules daily during the Clinical Team Meeting to ensure proper staffing based on updated information related to care needs for residents. The Executive Director reviews schedules daily to ensure compliance with regulatory requirements.*

*Ongoing: In addition to daily discussion to confirm any changes in resident care needs and a review of the schedule, staffing needs will be reviewed as part of the Quarterly Quality Assurance Review to identify patterns or trends to be addressed. The Resident Care Director and Memory Care Director will also ensure that the RASP accurately reflects*

60a - Staff/Support Plan (continued)

care needs and mobility status, to match the DME and to be used to determine staffing needs.

Licensee's Proposed Overall Completion Date: 10/24/2022

Implemented (AG - 11/21/2022)

85a - Sanitary Conditions

4. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

Resident #3 and #4 had dried blood on their glucometers

POC Submission

Accept (JH - 11/10/2022)

WHAT: Resident # 3 and 4 had dried blood on their glucometers

WHO: The Resident Care Director and Memory Care Director cleaned and sanitized resident # 3 and 4's glucometers. The Resident Care Director and Memory Care Director will review with all Nurses and Medication Technicians who use glucometers the proper cleaning and storage of such devices to ensure sanitary conditions are maintained.

HOW: All Nurses and Medication Technicians will review the information sheet (Attachment A) and participate in discussion with the Resident Care Director regarding the need to properly clean and store the individual glucometers. Additionally, the Resident Care Director and Memory Care Director will complete a daily inspection a sample of all glucometers to assure proper cleanliness. Deficiencies will result in immediate corrective action up to and including revoking of medication administering ability. Glucometers will also be reviewed for cleanliness during weekly cart audits.

WHEN: Training will be completed by November 4th, 2022, and all staff will complete a training Sign In Sheet (Attachment B).

ONGOING: Medication Technicians and Nurses during shift change will complete the Blood Sugar confirmation/sanitation log (Attachment C). Findings or patterns will be reviewed at the Quarterly QA Reviews in January, April, July, and October.

Licensee's Proposed Overall Completion Date: 11/04/2022

Implemented (AG - 11/21/2022)

141a 1-10 Medical Evaluation Information

5. 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**

Resident #5's DME dated [REDACTED] did not have anything noted for body positioning, health status and cognitive functioning.

**POC Submission**

*Accept (JH - 11/10/2022)*

*WHAT: Resident #5's DME dated [REDACTED] did not have anything noted for body positioning, health status, and cognitive functioning.*

*WHO: The Resident Care Director will review all new residents and incoming resident DMEs to ensure they are thoroughly completed before uploading in the resident electronic health record. Additionally, the RCD has already made necessary corrections on Resident #5 DME. The community has audited all current residents to ensure proper completion.*

*HOW: The Resident Care Director and Memory Care Director will review upcoming annual DME's as well as new DME's for new admissions, at Daily Clinical Meeting to ensure that all are up to date and completed correctly. Additionally, ED, RCD, and MCD will review a sample of resident DMEs monthly for the quarterly QA review. Any incomplete DMEs will be referred to the appropriate physician for completion.*

*WHEN: DME listed above has already been corrected. New process of daily review will begin October 24th, 2022.*

*ONGOING: Prior to uploading a final electronic copy of a DME for submission to the resident record, the Resident Care Director and Memory Care Director will review with the Executive Director, it to ensure each section has been completed. The Resident Care Director / Memory Care Director will further review a sample of resident records on a monthly basis (Attachment D) to check for completion of the form. A summary of findings and patterns will be reviewed as part of the Quarterly QA Review Meeting in January, April, July, and October.*

Licensee's Proposed Overall Completion Date: 10/24/2022

*Implemented (AG - 11/21/2022)*

141b1 - Annual Medical Evaluation

**6. Requirements**

2600.

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

**Description of Violation**

Resident #6's most recent DME was completed on [REDACTED], the previous DME was completed on [REDACTED]

Resident #7's most recent DME was completed on [REDACTED].

141b1 - Annual Medical Evaluation (continued)

**POC Submission**

*Accept (JH - 11/10/2022)*

*WHAT: Resident #6's most recent DME was completed on [REDACTED], the previous DME was completed on [REDACTED]. Resident #7's most recent DME was completed on [REDACTED]*

*WHO: The Resident Care Director will track the completion dates of residents' DMEs, to ensure they are scheduled annually by using The Forms Due II Report in the electronic health record.*

*HOW: The Resident Care Director and Memory Care Director will track on a monthly basis the dates of the most recent DMEs and will ensure appointments are scheduled accordingly.*

*WHEN: Monthly reviews of due dates will begin by November 15, 2022.*

*ONGOING: In addition to monthly monitoring of due dates of DMEs, the Resident Care Director will review a sample of resident records each month and report on findings during the Quarterly QA Review Meeting in January, April, July, and October. Additionally, the DME schedule, progress, and completion will be reviewed daily in clinical meeting. All completed DMEs will be reviewed by the Resident Care Director, Memory Care Director, and Executive Director during the daily clinical meeting.*

**Licensee's Proposed Overall Completion Date: 11/15/2022**

*Implemented (AG - 11/21/2022)*

183b - Meds and Syringes Locked

**7. Requirements**

2600.

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

**Description of Violation**

*The first and second floor treatment carts were unlocked and accessible at approximately 10:38 am on 9/22/22.*

*Repeat violation: 4/5/21*

**POC Submission**

*Accept (JH - 11/10/2022)*

*WHAT: The first and second floor treatment carts were unlocked and accessible at approximately 10:38 am on 9/22/22. Repeat violation: 4/5/21*

*WHO: The RCD and MCD to provide training to all nurses and Medication Technicians regarding the safely and security of medication carts and treatment carts. Training to be completed by November 4th, 2022.*

*HOW: Executive Director, RCD, and MCD will conduct daily spot checks on Med Carts and Treatment Carts to ensure that they are locked and secured.*

*WHEN: 10/24/2022*

*ONGOING: The ED, RCD, and MCD will complete daily spot checks while in the community of medication carts, to ensure audits are being completed as ordered. In addition, quarterly review of audits will be summarized as part of the quarterly QA review meetings in January, April, July and October.*

**Licensee's Proposed Overall Completion Date: 11/04/2022**

*Implemented (AG - 11/21/2022)*

183d - Prescription Current

**8. Requirements**

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

**Description of Violation***Resident #8's lantus solostar pen was located in the medication cart, the resident has since passed away.***POC Submission****Accept (JH - 11/10/2022)***WHAT: Resident #8's lantus solostar pen was located in the medication cart, the resident has since passed away.**WHO: RCD, MCD, Medication Technicians and Nurses will be assigned by the Resident Care Director and Memory Care Director to complete weekly Medication Cart Audits.**HOW: Weekly Medication Cart Audits will be completed (Attachment E) to compare medications to orders, to ensure only current medications are stored on the cart. Additionally, the RCD is responsible to immediately remove all medications, treatments, and devices from the medication cart for Personal Care upon notification of discharge. The MCD is responsible to immediately remove all medications, treatments, and devices from the medication cart for Memory Care upon notification of discharge.**WHEN: Weekly Medication Cart Audits will begin by October 24, 2022.**ONGOING: The RCD and MCD will complete monthly spot checks of Medication Carts, to ensure Audits are being completed. In addition, a quarterly review of the audits will be summarized as part of the Quarterly QA Review Meetings in January, April, July, and October.***Licensee's Proposed Overall Completion Date: 10/24/2022****Implemented (AG - 11/21/2022)****183e - Storing Medications****9. Requirements**

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

**Description of Violation***Resident #2's lantus solostar pen was not dated when opened. The manufacturer's instructions note the insulin expires 28 days after opening the pen.***POC Submission****Accept (JH - 11/10/2022)***WHAT: Resident #2's lantus solostar pen was not dated when opened. The manufacturer's instructions note the insulin expires 28 days after opening the pen.**WHO: Medication Technicians and Nurses will be assigned by the RCD and MCD to complete weekly Medication Cart Audits.**HOW: Weekly Medication Cart Audits will be completed (Attachment E) to compare medications to orders, to ensure all medications are properly stored on the cart, including dates medications are opened. Additionally, all nurses and Med Techs will receive training on the Five Rights of Medication Management. The Resident Care Director and Memory Care Director will review commonly utilized medications that have an expiration date upon opening to assure 'date opened' is present, weekly. Training will be completed by November 4th.**WHEN: Weekly Medication Cart Audits will begin by November 15, 2022.**ONGOING: The ED, RCD, and ED will complete monthly spot checks of Medication Carts, to ensure Audits are being completed. In addition, a quarterly review of the audits will be summarized as part of the Quarterly QA Review Meetings in January, April, July, and October.*

## 183e - Storing Medications (continued)

Licensee's Proposed Overall Completion Date: 11/15/2022

Implemented (AG - 11/21/2022)

## 185a - Implement Storage Procedures

## 10. 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

The homes narcotic count policy is to sign the narcotic count sheet at the end of each shift after the narcotic count is completed. On the following days the sheet was not signed during all of the counts: 9/12-9/17/22, 9/19-9/21/22 on medication cart #1.

Repeat violation: 4/5/21

## POC Submission

Accept (JH - 11/10/2022)

WHAT: The homes narcotic count policy is to sign the narcotic count sheet at the end of each shift after the narcotic count is completed. On the following days the sheet was not signed during all of the counts: 9/12-9/17/22, 9/19-9/21/22 on medication cart #1. Repeat violation: 4/5/21

WHO: Med Techs and Nurses must sign the narc book for each medication cart once the narcs have been counted at change of shift. RCD and MCD to provide training.

HOW: Med Techs and Nurses will use the Change of Shift Responsibilities Checklist (Attachment H) from the Best Practice Manual, staff will: ensure that the narcotic count sheets are signed by incoming and outgoing staff.

WHEN: The Change of Shift Responsibilities Checklist will be completed at the change of each shift, with any variances or concerns being immediately reported. Medication Cart Audits will be completed on a weekly basis.

ONGOING: The Resident Care Director and Memory Care Director will review the Shift Change Responsibility Sheets and Weekly Medication Cart Audits periodically, but no less than monthly, to ensure they are being completed.

Additionally, the ED, RCD, and MCD will review the Narc Count Sheet daily when in the community to monitor for compliance. Findings and patterns will be reviewed at Quarterly QA Meetings in January, April, July, and October.

Licensee's Proposed Overall Completion Date: 10/31/2022

Implemented (AG - 11/21/2022)

## 187d - Follow Prescriber's Orders

## 11. Requirements

2600.

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

## Description of Violation

Resident #1 has an order for metoprolol tartrate 100mg, one tablet twice daily, hold for systolic blood pressure less than 105 and heart rate less than 60. The resident did not receive the medication on 9/6/22 at 8am because it was not available from the pharmacy.

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

Repeat violation: 4/5/21

**POC Submission****Directed (JH - 11/10/2022)**

*WHAT: Resident #1 has an order for metoprolol tartrate 100mg, one tablet twice daily, hold for systolic blood pressure less than 105 and heart rate less than 60. The resident did not receive the medication on 9/6/22 at 8am because it was not available from the pharmacy. Repeat violation: 4/5/21*

*WHO: The Resident Care Director and Memory Care Director will provide an educational review with all Medication Technicians and Nurses regarding protocol for administering medication.*

*HOW: Staff will have training regarding the Five Rights of Medication Management (Attachment I). Staff will sign in to acknowledge training (Attachment B).*

*WHEN: Training will be completed by November 15th, 2022.*

*ONGOING: The Resident Care Director and Memory Care Director will monitor the dashboard of the EMAR for alerts related to parameters. EMAR dashboard will be reviewed daily at clinical meetings. Findings and patterns will be reviewed at the Quarterly QA Reviews in January, April, July, and October.*

**DIRECTED PLAN OF CORRECTION:**

*The Resident Care Director and Memory Care Director will monitor all residents medications weekly for refills. The Resident Care Director and Memory Care Director will order residents medications as needed when prescriptions counts are low.*

**Directed Completion Date: 11/15/2022**

**Implemented (AG - 11/21/2022)****188b - Medication Error Reporting****12. Requirements**

2600.

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

**Description of Violation**

*Resident #1 has an order for metoprolol tartrate 100mg, one tablet twice daily, hold for systolic blood pressure less than 105 and heart rate less than 60. The resident did not receive the medication on 9/6/22 at 8am because it was not available from the pharmacy. The prescriber was not notified regarding the medication error.*

**POC Submission****Accept (JH - 11/10/2022)**

*WHAT: Resident #1 has an order for metoprolol tartrate 100mg, one tablet twice daily, hold for systolic blood pressure less than 105 and heart rate less than 60. The resident did not receive the medication on 9/6/22 at 8am because it was not available from the pharmacy. The prescriber was not notified regarding the medication error.*

*WHO: The Resident Care Director and Memory Care Director will provide education to all Medication Technicians and Nurses to ensure they report to the prescriber any medication refusals or errors. (Attachment F)*

*HOW: Training will be provided via information sheet and discussion (Attachment F), outlining regulatory requirements for reporting to prescribers. Staff will sign in on an attendance sheet for training to confirm attendance (Attachment B).*

*WHEN: Training will be completed by November 4th, 2022.*

*ONGOING: The Resident Care Director and Memory Care Director will conduct weekly reviews of EMARs and*

**188b - Medication Error Reporting (continued)**

documentation of refusals to ensure they are being reported appropriately. A summary of findings will be reviewed at the Quarterly QA Review Meeting in January, April, July, and October. The Executive Director is responsible for the completion of this.

Licensee's Proposed Overall Completion Date: 11/04/2022

Implemented (AG - 11/21/2022)

**227d - Support Plan Medical/Dental****13. 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**

Resident #9 utilizes a grab assist bar for transferring. The residents RASP dated [REDACTED] has not been updated to address this need.

**POC Submission**

Accept (JH - 11/10/2022)

What: Resident #9 utilizes a grab assist bar for transferring. The residents RASP dated [REDACTED] has not been updated to address this need.

Who: The Clinical Care Team will have daily meetings to review updates of residents' conditions, care needs, and resources being utilized to meet them. The Clinical Care Coordinator will be trained to follow up after Clinical Care Team meetings to ensure RASPs have any necessary updates. Resident #9 has had their RASP updated.

How: In preparation for Care Plan Meetings, the RCD and MCD will also review any related notes in the resident record, the staff communication log, and seek input from the resident and their designee for updated and accurate information to be reflected in the RASP. In addition, weekly rounds will be conducted to determine if any residents have any new assistive device that the community is unaware of.

Ongoing: A sample of resident records will be reviewed by the RCD and MCD each month (Attachment G - QA Task Reminder List) which will include a review of RASPs. A summary of findings, patterns, and trends will be reviewed at the QA Quarterly Meeting, with any concerns being part of the Action Plan. Meetings are held in January, April, July, and October. The Executive Director is response for ensuring compliance.

Licensee's Proposed Overall Completion Date: 10/31/2022

Implemented (AG - 11/21/2022)

**234d - Support Plan Revision****14. Requirements**

2600.

234.d. The support plan shall be revised at least annually and as the resident's condition changes.

**Description of Violation**

Resident #10 utilizes a grab assist bar for transferring. The residents RASP dated [REDACTED] has not been updated to address this need.

234d - Support Plan Revision (*continued*)**POC Submission****Accept (JH - 11/10/2022)**

*WHAT: Resident #8's RASP dated 9/2/21 has not been updated to reflect the residents use of a grab assist bar or how the home will maintain it. Resident #8's most recent RASP was completed on [REDACTED] the previous support plan was completed on [REDACTED].*

*WHO: Clinical Team Meetings will be held daily to review updates and changes to resident care needs. The Resident Care Director will ensure the team provides these updates so they are included in the RASP and reviewed during care plan meetings. Resident #8's Update And Change page was edited to add the grab assist bar.*

*HOW: Clinical Team Meetings will be held daily to review resident needs and/or changes. This will include a review of any notes form care team members and any appropriate documentation in the communication log. This will ensure feedback from all team members is captured and shared in discussion.*

*WHEN: Clinical Team Meetings will be held daily. Updates for RASPs will happen on an ongoing basis.*

*ONGOING: RASP updates will be completed using feedback and information from direct care staff, clinical team managers, and all employees who interact with residents. This information will be reviewed with the resident and their designees.*

**Licensee's Proposed Overall Completion Date: 10/24/2022**

**Implemented (AG - 12/18/2022)**