



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAILING DATE: DECEMBER 19, 2022

[REDACTED]
Family Cares LLC
[REDACTED]

RE: Family Cares Personal Care Home
101 S. Broad Street
New Freedom, Pennsylvania 17349
Certificate #: 337940

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Office of Long-term Living), licensing inspections on September 21, 2022 and November 8, 2022 and the corrections you have made after our inspections, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Jamie L. Buchenauer".

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

Enclosures
License
Licensing Inspection Summaries

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

Facility Information

Name: *FAMILY CARES PERSONAL CARE HOME* License #: *33794* License Expiration: *11/01/2022*
Address: *101 SOUTH BROAD STREET, NEW FREEDOM, PA 17349*
County: *YORK* Region: *CENTRAL*

Administrator

Name: [REDACTED] Phone: *717-373-5205* Email: [REDACTED]

Legal Entity

Name: *FAMILY CARES LLC*
Address: [REDACTED]
Phone: *7173735205* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *11/01/2004* Issued By: *L & I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *13* Waking Staff: *10*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #: *0*
Reason: *Renewal, Complaint, Provisional* Exit Conference Date: *09/21/2022*

Inspection Dates and Department Representative

09/21/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *17* Residents Served: *13*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *1* Are 60 Years of Age or Older: *12*
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

09/21/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/08/2022*

Inspections / Reviews (*continued*)

10/11/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: 10/30/2022
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/18/2022

10/17/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: 10/30/2022
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 10/30/2022

12/09/2022 - Document Submission

Submitted By: [REDACTED] Date Submitted: 10/30/2022
Reviewer: [REDACTED] Follow-Up Type: Exception

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 09/21/22, the home's Licensing Inspection Summary (LIS), dated 03/15/22, was not posted in a conspicuous and public place in the home.

POC Submission

Accept [REDACTED] 10/11/2022)

-The LIS dated 3/15/22 was not posted in a conspicuous and public place in the home

-The administrator has posted the current LIS in a conspicuous and public place in the home. (On the wall in the entry way of the home)

-The administrator will be responsible for ensuring each LIS is posted in this conspicuous place each time an inspection is conducted. The administrator will ensure that the LIS is posted within 24 hours of receipt.

Action

LIS posted

Owner

Administrator

Completion date

October 2, 2022

Licensee's Plan Completion Date: 10/02/2022

Implemented [REDACTED] - 10/31/2022)

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

On 09/21/22, the required influenza information was not posted anywhere in the home as required by the Influenza Awareness Act of July 2016.

The Clean Indoor Air Act of September 2008 requires personal care homes to post signs where smoking is regulated by this act. There were no signs stating, "Smoking is Permitted in Designated Smoking Areas Only."

POC Submission

Accept ([REDACTED] - 10/17/2022)

-The required influenza information was not posted in the home.

-The administrator has posted the required influenza poster in a conspicuous place in the home. The poster is located in the dining room bulletin board so that all residents (visitors and staff) can observe the poster.

-THE ADMINISTRATOR WILL CHECK WEEKLY TO ENSURE THAT THE INFLUENZA POSTER IS POSTED ON THE DINING ROOM BULLETIN BOARD. THE ADMINISTRATOR WILL ENSURE THE POSTER IS IN GOOD CONDITION

18 - Compliance With Laws (continued)

AND IS LEGIBLE FOR ALL RESIDENTS, STAFF AND VISITORS TO SEE.

Action

Influenza poster is posted in a conspicuous location

Owner

Administrator

Completion date

September 24, 2022

Licensee's Plan Completion Date: 10/12/2022

Implemented (█ - 10/31/2022)

42c - Treatment of Residents**3. Requirements**

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On 09/21/22, two incontinence pads were observed on two reclining chairs located in the family room of the home.

POC Submission

Accept (█ - 10/11/2022)

- Incontinent pads were placed on all recliner chairs in the living room
- Administrator has removed all incontinent pads from the recliners in the living room
- The administrator has held a meeting with all staff to education them on how placing incontinent pads in the living room violates the residents' right to be treated with dignity.
- Staff have communicated this information to all residents the reason for removing the pads
- Administrator will be responsible for ensuring all staff do not use incontinent pads in the living room recliners.

Action

- Incontinent pads are removed from living room recliners
- verbal Training/explanation has been given to all staff and residents explaining the reason for removal and discontinued use of incontinent pads on the living room recliners.

Owner

Administrator

Staff

Completion date

September 21, 2022

Licensee's Plan Completion Date: 10/02/2022

Implemented (█ 10/31/2022)

51 - Criminal Background Check

4. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

The home did not complete a criminal background check for Staff Member A.

POC Submission

Accept (████ - 10/17/2022)

- A criminal background check was not completed for Staff member A.
- Administrator has requested a criminal background check for staff member A. A criminal background check was requested late because staff A just reached █████ birthday on August █████ 2022. Staff A was not working consistent hours as the custodian prior to █████ birthday.
- Administrator will ensure that all staff members complete a criminal background check prior to █████ first day of work or as soon as the staff is eligible to have a criminal background check conducted.

Action

- Administrator has requested a PA criminal background for staff A
- Administrator has collected and reviewed Staff A completed criminal background check and filed the report in Staff A's chart.
- Administrator will complete a background on a semiannual to an annual basis for all staff
- THE ADMINISTRATOR WILL COMPLETE A CHECKLIST TO ENSURE EACH STAFF HAS SUBMITTED ALL NECESSARY DOCUMENTS PRIOR TO FIRST DATE OF HIRE. --THE ADMINISTRATOR WILL COMPLETE AN AUDIT OF STAFF RECORDS UPON HIRE.
- THE ADMINISTRATOR WILL COMPLETE A MONTHLY AUDIT OF ALL STAFF RECORDS TO ENSURE COMPLIANCE

owner

Administrator

completion date

October 2, 2022

Licensee's Plan Completion Date: 10/30/2022

Implemented (████ 10/31/2022)

65a - FS Orientation 1st Day

5. 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.

65a - FS Orientation 1st Day (*continued*)

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 A, hired in 20██ did not receive orientation on the following topics:

Evacuation procedures.

Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.

The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.

Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.

The location and use of fire extinguishers.

Smoke detectors and fire alarms.

Telephone use and notification of emergency services.

POC Submission

Accept ███ 10/17/2022)

-Administrator has failed to schedule Staff A's fire safety orientation in general fire safety and emergency preparedness prior to Staff A's first day of work.

- Administrator has identified and contacted a company (BFPE International) that conducts fire safety training.

- Administrator will coordinate a date in which is conducive for all staff members (and the company) to participate in the training. Administrator has communicated to all staff that the training will be scheduled on a Tuesday in the month of October.

-Administrator will contact BFPE International and schedule the training for one of the following dates between the hours of 8a-4p October 4, 11, 18, or 25th

-Administrator will notify and confirm with all staff the training date in which the training can be scheduled with the company.

-Administrator will file all certificates of completion in each staff's chart

- THE ADMINISTRATOR WILL COMPLETE A CHECKLIST TO ENSURE EACH STAFF HAS SUBMITTED ALL NECESSARY DOCUMENTS AND COMPLETED ALL NECESSARY TRAININGS PRIOR TO FIRST DATE OF HIRE.

-THE ADMINISTRATOR WILL COMPLETE AN AUDIT OF STAFF RECORDS UPON HIRE.

- THE ADMINISTRATOR WILL COMPLETE A MONTHLY AUDIT OF ALL STAFF RECORDS TO ENSURE COMPLIANCE WITH ALL ESSENTIAL TRAININGS AND DOCUMENTATION.

-THE ADMINISTRATOR WILL CONDUCT A MONTHLY AUDIT TO ENSURE ALL NECESSARY TRAININGS HAVE BEEN COMPLETED

Action

-Administrator will schedule the fire safety training for Staff A (as well as all staff including the administrator)

Owner

-Administrator will schedule and pay for the training

-Staff and administrator will be responsible for attending, participating and successfully completing the training

Completion date

October 25, 2022

Licensee's Plan Completion Date: 10/30/2022

65a - FS Orientation 1st Day (continued)

Implemented ([redacted] - 10/31/2022)

65b - Rights/Abuse 40 Hours

6. 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.
- 3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § 10225.101—10225.5102).

Description of Violation

Staff Person A completed [redacted] 40th scheduled work hour. However, this staff person did not complete training on Resident rights and Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act .

POC Submission

Accept [redacted] 10/11/2022)

- Administrator failed to have staff A complete her residents' rights and mandatory reporting of abuse and neglect trainings.
- Administrator has ensured that staff A has completed both trainings. Staff A has successfully completed the mandatory reporting of abuse and neglect training and has submitted the certificate of completion. Staff A has also completed training about residents' right. Both certificate and the signed document has been filed in Staff A's chart.
- Administrator will ensure that each employee complete all mandatory trainings prior to [redacted] rst day of work. Administrator has created a checklist of all mandatory trainings that each employee must complete. Before the administrator assigns a new hire a date to begin work, the administrator will make sure all trainings are complete prior to hiring.

action

Administrator will ensure all trainings are complete prior to employee's first day of work.

OWNER

Administrator

staff- will successfully complete trainings and submit prove

Completion date(s)

September 25, 2022

October 2, 2022

Licensee's Plan Completion Date: 10/04/2022

Implemented [redacted] 10/31/2022)

81b - Resident Personal Equipment

7. Requirements

81b - Resident Personal Equipment (continued)

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

On 09/21/22, in Rooms [REDACTED], enabler bars have been installed on each bed. The enabler bars were not securely fastened to the beds. The enabler bars were uncovered and had openings of 1 1/2 inches wide and 9 inches high. These pose a potential limb or head entrapment risk.

POC Submission

Accept ([REDACTED] - 10/11/2022)

- Administrator failed to ensure that the enabling bars in room [REDACTED] were secure and covered.
- Administrator will properly secure and cover the enabling bars in each room. The administrator and staff will make sure they are secure and covered at all times by completing daily checks.
- Staff will notify the administrator if at any time the enabling bars become loose or unsecure. Staff and administrator will ensure that all enabling bars are covered at all times; if discovered uncovered, staff or the administrator will immediately cover them during daily checks.
- If at any time a resident need to have an enabling bar on their bed, the administrator will ensure that the enabling bar is properly secured and cover the first day of installation.

Action

Administrator will secure and cover all enabling bars in room [REDACTED] and in the future

Owner

Administrator and staff

Completion date

October 13, 2022

Licensee's Plan Completion Date: 10/13/2022

Implemented ([REDACTED] - 12/09/2022)

89a - Water Pressure

8. Requirements

2600.

89.a. The home must have hot and cold water under pressure in each bathroom, kitchen and laundry area to accommodate the needs of the residents in the home.

Description of Violation

On 09/21/22. there was no water coming out of the faucet when it was turned on, in the sink located in Room [REDACTED]

POC Submission

Accept ([REDACTED] - 10/17/2022)

-Administrator temporarily turned the water valve off in resident's room due to the sink leaking. Administrator had a scheduled appointment with a handyman to fix the leaking sink on October 3, 2022. There are 8 other operating sinks in the facility that the resident could use.

89a - Water Pressure (continued)

- Administrator has had the sink fixed on October 3, 2022
- Administrator will put up a sign on any equipment that is in the process of being fixed to make others aware that the issue is being taken care of.
- Administrator will continue to schedule maintenance request on an as needed basis.

-THE ADMINISTRATOR WILL COMPLETE BIWEEKLY INSPECTIONS OF ALL ROOMS. THE ADMINISTRATOR WILL COMPLETE ANY MAINTENANCE ISSUES WITHIN 72 HOURS OF NOTIFICATION.

Action

Administrator scheduled for maintenance to fix the leaking sink

Owner

Administrator

Handyman

Completion date

October 3, 2022

Licensee's Plan Completion Date: 10/30/2022

Implemented [redacted] - 10/31/2022)

95 - Furniture and Equipment

9. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On 09/21/22, the bedroom door of Room [redacted] was sticking, and required some force when attempting to open or close. Also, the door handle was not secured.

POC Submission

Accept ([redacted] - 10/17/2022)

Administrator had a scheduled appointment with a handyman to fix the malfunctioning door and loose doorknob on October 3, 2022.

- Administrator has had the door and doorknob fixed on October 3, 2022
- Administrator will put up a sign on any equipment that is in the process of being fixed to make others aware that the issue is being taken care of.
- Administrator will continue to schedule maintenance request on an as needed basis.

-THE ADMINISTRATOR WILL COMPLETE BIWEEKLY INSPECTIONS OF ALL ROOMS. THE ADMINISTRATOR WILL COMPLETE ANY MAINTENANCE ISSUES WITHIN 72 HOURS OF NOTIFICATION.

Action

Administrator scheduled for a handyman to fix the malfunctioning door and loose doorknob

Owner

95 - Furniture and Equipment (continued)

Administrator
Handyman

Completion date
October 3, 2022

Licensee's Plan Completion Date: 10/12/2022

Implemented ([redacted] - 10/31/2022)

101j7 - Lighting/Operable Lamp

10. 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

On 09/21/22, Rooms [redacted] did not have any bedside lamps that could be turned on at bedside.

POC Submission

Accept ([redacted] - 10/11/2022)

- Administrator failed to ensure that there are bedside lamps in arm's length of the residents in room [redacted]. There are lamps in the rooms but because of how the furniture in these rooms are situated, the lamps are not in arm's length of the resident while they are in bed.
- Administrator has purchased self-adhesive touch lights that will be installed directly next to the resident's bed in arm's length of the resident while in bed.
- The Administrator bought three times the amount currently needed to ensure that if and when another resident is admitted and the room inhibits a lamp to be directly next the resident's bed, the touch light will be installed prior to admission.
- staff and administrator will ensure the touch lights are operable at all times by performing daily checks. The administrator or staff will replace the batteries as needed. All staff and the administrator are aware of where the batteries are stored.
- The administrator has purchased a big quantity of AAA batteries from Amazon as well. The expected delivery date is Saturday October 8, 2022

Action

The administrator has purchased 8 touch lights from Amazon and several AAA batteries. The expected delivery date is Saturday October 8, 2022

Owner

Administrator - purchasing
Staff and administrator- ensuring the lights are operable at all times

Completion date:
October 8, 2022

Licensee's Plan Completion Date: 10/08/2022

Implemented ([redacted] - 10/31/2022)

101o - Walls, Floors, Ceilings

11. Requirements

2600.

101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

Description of Violation

On 09/21/22, wires were observed to be protruding out of the ceiling in Bedroom [REDACTED].

On 09/21/22, holes in the ceiling of Bedroom [REDACTED] and holes in the walls of Bedroom [REDACTED] were found.

POC Submission

Accept [REDACTED] - 10/11/2022)

- The electrician who installed the new LED lights failed to patch the holes in the walls that he created while installing the new lights.
- The administrator has reached out to the company to complain of the holes that were left in the ceiling and requested that the holes are patched up.
- The company has yet to follow up with patching the holes
- The administrator will purchase putty from Home Depot and attempt to patch the holes that are in the ceiling. If the administrator is unsuccessful in patching the holes, the administrator will contact a handyman to patch the holes in the ceiling.
- Moving forward, the administrator will double check after all work is completed. The administrator will also demand that staff do the same in the administrator's absence.

Action

- Administrator will follow up with the company on the next business day (October 10, 2022)
- If an agreement cannot be reached, the administrator will purchase putty from Home Depot and attempt to patch the holes in the ceiling on October 11, 2022. If this attempt fails, the administrator will contact and schedule for a handy man to patch the holes on October 12, 2022

Owner

Administrator

Completion date:

October 12, 2022

Licensee's Plan Completion Date: 10/12/2022

Implemented [REDACTED] - 12/09/2022)

101r - Bedroom - shades/drapes/window covering

12. Requirements

2600.

101.r. There must be drapes, shades, curtains, blinds or shutters on the bedroom windows. Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.

Description of Violation

The window in Bedroom [REDACTED] blinds that were broken.

101r - Bedroom - shades/drapes/window covering (continued)

POC Submission

Accept (█ - 10/11/2022)

- The administrator failed to have blinds in room █ that are not broken
- The administrator has purchased a curtain and curtain rod to replace the blinds in room █
- The administrator will conduct monthly inspections to ensure all windows coverings are in good repair
- Staff are to report to the administrator, at any time during daily inspections of residents' rooms, they discover any broken or bad condition window coverings
- Administrator will replace any broken coverings immediately
- monthly inspections, at minimal, will be conducted by the administrator to ensure all coverings are in good condition. Staff will complete daily observations of all residents' rooms to report any bad condition issues

Action

- Administrator and staff will conduct daily and monthly inspections of window coverings in each resident room
- Administrator will fix, if applicable, or purchase necessary materials to ensure all window coverings are in good repair
- The curtain rod for room 3 has been ordered from Amazon and will arrive Saturday October 8, 2022. At that time the administrator will install the curtain and rod and take down the broken blinds. The curtain has been purchased from walmart.com and is ready for installation; administrator is just waiting for the arrival of the rod.

Owner

Administrator

Completion date:

October 8, 2022

Licensee's Plan Completion Date: 10/08/2022

Implemented (█ - 10/31/2022)

109b - Rabies Vaccination

13. Requirements

2600.

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

Description of Violation

The home does not have a current certificate of rabies vaccination for the neighbor's dog that frequently visits the residents.

POC Submission

Accept (█ - 10/11/2022)

- Administrator failed to obtain a current rabies vaccination certificate from the neighbor. The neighbor comes to the home maybe once a month with █ dog and allows the residents to see █.
- Administrator has obtained a copy of the neighbor's dog's current vaccination certificate and made a copy of it. Administrator has filed the certificate in the legal document notebook located in the office cabinet.
- Administrator will ask the neighbor about pertinent information concerning the dog's medical treatment and any future vaccination treatments
- Administrator will file all pertinent documents in the file cabinet located in the office

109b - Rabies Vaccination (continued)

Action

-Administrator obtained the neighbor's current vaccination certificate and filed in the legal document notebook located in the office.

Owner

Administrator

Completion date

September 26, 2022

Licensee's Plan Completion Date: 10/02/2022

Implemented (█ - 10/31/2022)

123b - Emergency Procedures Posted

14. Requirements

2600.

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

The home's emergency procedures were not posted in a conspicuous and public place in the home.

POC Submission

Accept (█ - 10/11/2022)

-The emergency procedures was not posted in a conspicuous and public place in the home

-The administrator has posted the emergency procedures in a conspicuous and public place in the home. (On the bulletin board in the dining room of the home)

-The administrator will be responsible for ensuring the emergency procedures is posted in this conspicuous place.

Action

Emergency procedures posted

Owner

Administrator

Completion date

October 2, 2022

Licensee's Plan Completion Date: 10/04/2022

Implemented (█ - 10/31/2022)

132d - Evacuation

15. Requirements

2600.

132d - Evacuation (continued)

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The home exceeded a recommended evacuation time of 3 minutes 28 seconds, as specified by a fire safety expert, during the following fire drills:

- 04/24/22- 8 min 46 sec
- 05/31/22- 4 min 31 sec
- 06/30/22- 6 min 9 sec,
- 07/29/22- 4 min 5 sec
- 09/14/22- 4 min

Repeated Violation - 3/15/22

POC Submission

Accept (redacted) - 10/11/2022)

- Fire drills have recently resumed Since the new administrator has been in operation (April 1, 2022)
- Administrator and staff will continue to practice the fire drills and aim for the desired evacuation time.
- Administrator will develop strategies to ensure that fire drills are completed within the safe evacuation time.
- Staff and administrator will continue to document each monthly fire drill

Action

Staff and administrator will complete fire drills under 3 minutes and 28 seconds each month

Owner

Staff and administrator

Completion date:

next fire drill: administrator anticipates the next fire drill be conducted during the night shift. Expected date range will be October 9-16. The administrator will conduct this fire drill and document the evacuation time

Licensee's Plan Completion Date: 10/16/2022

Implemented (redacted) - 10/31/2022)

141a - Medical Evaluation

16. 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.

Description of Violation

A medical evaluation has not been completed for Resident 2.

POC Submission

Accept (redacted) - 10/11/2022)

-Administrator failed to have resident 2's PCP complete a DME during (redacted) last visit. Administrator only has a copy of resident 2's recent PCP summary.

141a - Medical Evaluation (continued)

- Resident 2 has a PCP appointment on October 13, 2022, at 12:30pm to see [REDACTED] PCP again because [REDACTED] recently had hip replacement surgery, so [REDACTED] PCP wants to see [REDACTED] in the office prior to filling out the DME form.
- Administrator has contacted all residents' PCP to have the DME forms completed for this year.
- Moving forward, the Administrator will ensure that the DME forms are completed during the residents' annual PCP visit. All completed forms will be filed in the resident's chart under the DME tab

Action

Administrator has requested the DME form be completed
Administrator will collect and file the form in resident's chart under the DME tab

Owner

Administrator

Completion date:

October 13, 2022

Licensee's Plan Completion Date: 10/13/2022

Implemented ([REDACTED] - 10/31/2022)

141b1 - Annual Medical Evaluation**17. Requirements**

2600.

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

Description of Violation

Resident 1's most recent medical evaluation was completed on [REDACTED]

Resident 3's most recent medical evaluation was completed on [REDACTED]

Resident 4's most recent medical evaluation was completed on [REDACTED].

POC Submission

Accept ([REDACTED] - 10/17/2022)

- Administrator failed to have residents' PCPs complete a DME during their last visits. Administrator only has a copy of the residents' recent PCP visit summaries.
- Administrator has contacted all residents' PCP to have the DME forms completed.
- Moving forward, the Administrator will ensure that the DME forms are completed during the residents' annual PCP visit. All completed forms will be filed in the resident's chart under the DME tab
- THE ADMINISTRATOR WILL COMPLETE A MONTHLY AUDIT OF ALL RESIDENTS' RECORDS TO ENSURE COMPLIANCE
- THE ADMINISTRATOR WILL ENSURE ALL NECESSARY DOCUMENTS ARE CURRENT AND PRESENT IN THE FILES WITHIN 72 HOURS OF REVIEW

141b1 - Annual Medical Evaluation (continued)

*Action**Administrator has requested the DME form be completed**Administrator will collect and file the form in residents' chart under the DME tab**Owner**Administrator**Completion date:**October 13, 2022***Licensee's Plan Completion Date:** 10/30/2022**Implemented** [REDACTED] - 10/31/2022)

144c1 - Smoking Area Guidelines

18. Requirements

2600.

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

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

Description of Violation

The home's designated smoking area consists of two folding chairs that are placed in front of two big plants. There is a metal bucket for cigarette butts that has a wooden lid that is blackened underneath. The wooden lid is not fireproof and creates a potential fire hazard.

POC Submission**Accept** [REDACTED] - 10/11/2022)*-The administrator has failed to have secured, fireproof designated smoking section**-The administrator has ordered from amazon a designated smoking sign that will be posted**-The administrator has scheduled the bush to be trimmed on Friday October 7, 2022**-The administrator has also ordered a fireproof appropriate outdoor ashtray for the designated smoking area.**-The administrator has also moved the designated area to an area that is no longer in front of the bush to avoid a fire hazard.**-The administrator will ensure the bush is trimmed at all times.**Action**Ashtray and designated smoking area signed ordered. Sign has been delivered. The ashtray expected delivery date is October 11, 2022**Owner**Administrator**completion date**October 11, 2022*

144c1 - Smoking Area Guidelines (continued)

Licensee's Plan Completion Date: 10/11/2022

Implemented (█ - 10/31/2022)

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 only posts one week of menus at a time. The current weekly menu and the following week's menu were not posted on 9/21/22.

POC Submission

Accept (█ - 10/11/2022)

- Administrator failed to post the menu for the upcoming week. The current week's menu was posted but was only posted in the kitchen.
- Administrator has created the menu for the month of October. Administrator has posted the menu for two weeks and posted it on the dining room's bulletin board so that it is visible for residents to see. The two-week menu is also posted in the kitchen so that staff are aware of what to prepare for the month
- Administrator will ensure that menus are posted for two weeks at a time.
- Administrator will create a menu for the entire month and post the menu for two weeks at a time.

Action

- Menus will be created on a monthly basis and posted biweekly
- Menus will be posted in the dining room and kitchen

Owner

Administrator

Licensee's Plan Completion Date: 10/02/2022

Implemented (█ - 10/31/2022)

183c - Refrigerated Meds Locked

20. Requirements

2600.

183.c. Prescription medications, OTC medications and CAM stored in a refrigerator shall be kept in an area or container that is locked.

Description of Violation

On 09/21/22, Resident █s prescribed Latanoprost 0.005% eye solution was found unlocked and accessible in the refrigerator in the kitchen.

183c - Refrigerated Meds Locked (continued)

POC Submission

Accept (GR - 10/11/2022)

- Administrator failed to lock resident's eye drops located in the refrigerator
- Administrator has purchased a medication pill lock to place eye drops in the refrigerator
- Administrator will purchase more of these lock devices for each resident that in the future may need one.

Action

Administrator put resident's eye drops in a locked pill bottle holder in the refrigerator

Owner

Administrator

Completion date

October 4, 2022

Licensee's Plan Completion Date: 10/04/2022

Implemented - 10/31/2022)

187b - Date/Time of Medication Admin.

21. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident is prescribed Buspirone 10mg. Resident 1's medication administration record (MAR) does not include the initials of the staff person who administered the medication on 09/18/22 at 2 pm.

Resident is prescribed Isosorbide 30 mg and Sennosides 8.6mg. Resident 2's MAR does not include the initials of the staff person who administered the medication on 09/15/22.

Resident prescribed Methimazole 5 mg 1-tab by mouth Sunday and Wednesday. Resident 2's MAR does not include the initials of the staff person who administered the medication on 09/14/22 and 09/18/22. The same medication is also prescribed to give 1/2 tablet all other days. Resident 2's MAR does not include the initials of the staff person who administered the medication when it was given on 09/13/22.

POC Submission

Accept - 10/17/2022)

- Administrator and staff failed to initial the MAR book once these medications are administered
- Administrator has created a code sheet so that staff will be aware of how to properly document when medication is administered outside of the facility
- Administrator has trained staff on the codes and when to use these codes in the MAR book.

-THE ADMINISTRATOR WILL COMPLETE WEEKLY AUDITS OF THE MAR BOOK. THE ADMINISTRATOR WILL ADDRESS ANY MISSED ENTRIES WITH STAFF. THE ADMINISTRATOR WILL ALSO PROVIDE ADDITIONAL TRAINING, IF NEEDED, TO ENSURE COMPLIANCE WITH CORRECT DOCUMENTATION.

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

Action

Administrator has created a code sheet to use when medication is not administered in the home

-All staff and administrator will use the code and be sure to fill out the MAR is complete at all times

Owner

Administrator and staff

Completion date:

10/04/22

Licensee's Plan Completion Date: 10/12/2022

Implemented [REDACTED] - 12/09/2022)

187d - Follow Prescriber's Orders

22. Requirements

2600.

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

Description of Violation

Resident [REDACTED] is prescribed Fluticasone, 2 sprays every day. However, Resident 1's medication was only administered on 09/11/22, 09/15/22 and 09/16/22.

Resident [REDACTED] is prescribed Symbicort 2, puffs twice a day. However, Resident 2's medication was administered only once a day from 9/7/22 to 9/12/22 .

POC Submission

Accept [REDACTED] - 10/17/2022)

-Administrator has created a code sheet so that staff will be aware of how to properly document when medication is refused by a resident.

-Administrator has trained staff on the codes and when to use these codes in the MAR book.

-THE ADMINISTRATOR WILL COMPLETE WEEKLY AUDITS OF THE MAR BOOK. THE ADMINISTRATOR WILL ADDRESS ANY MISSED ENTRIES WITH STAFF. THE ADMINISTRATOR WILL ALSO PROVIDE ADDITIONAL TRAINING, IF NEEDED, TO ENSURE COMPLIANCE WITH CORRECT ADMINISTRATION OF MEDICATION.

- THE ADMINISTRATOR HAS CREATED A CODE SHEET TO DOCUMENT RESIDENTS' REFUSAL OF MEDICATION SO THAT RESIDENT'S REFUSAL AND A STAFF NOT FOLLOWING THE DIRECTIONS OF THE DOCTOR IS NOT MISCONSTRUED.

Action

Administrator has created a code sheet to use when medication is refused by the resident

-All staff and administrator will use the codes and be sure to fill out the MAR in its entirety at all times

Owner

Administrator and staff

187d - Follow Prescriber's Orders (continued)

Completion date:

Immediate

Licensee's Plan Completion Date: 10/12/2022

Implemented (█ - 10/31/2022)

221c - Post Activity Calendar

23. Requirements

2600.

221.c. A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

Description of Violation

The home does not have a current weekly activity calendar posted in a public and conspicuous place in the home.

POC Submission

Accept (█ - 10/11/2022)

- Administrator has failed to post an activity calendar in a conspicuous and public place in the home
- Administrator has created and posted an activity calendar for the month of October. Calendar has been posted in the dining room bulletin board.
- Administrator is responsible for ensuring each month's activity calendar is posted in a timely manner.
- Administrator has coordinated and assigned staff with daily activity responsibilities.
- Administrator will ensure that the calendar is printed and posted on the bulletin board each month at least one week prior to the end of the current month

Action

- Activity calendar for the month will be posted at least one week prior to the end of the current month on the bulletin board in the dining room

Owner

Administrator

Completion

- one week prior to start of upcoming month
- September 25, 2022

Licensee's Plan Completion Date: 10/02/2022

Implemented (█ - 10/31/2022)

227d - Support Plan Medical/Dental

24. 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.

227d - Support Plan Medical/Dental (continued)

Description of Violation

On 09/21/22, an uncovered, unstable enabler bar was found on Resident [REDACTED]'s bed. The assessment/support plan for Resident 3, dated [REDACTED], has not been updated to document the need for this device.

POC Submission

Accept [REDACTED] - 10/17/2022)

-Administrator has failed to include the need for an enabling bar in resident [REDACTED]'s support plan.
-Administrator has included the need for the enabling in the current support plan
-Administrator will ensure to include all medical, dental, vision, hearing, mental health or behavioral care services in the support plan

- THE ADMINISTRATOR WILL COMPLETE A MONTHLY AUDIT OF ALL RESIDENTS' RECORDS TO ENSURE COMPLIANCE

-THE ADMINISTRATOR WILL ENSURE ALL NECESSARY DOCUMENTS ARE CURRENT, COMPLETE AND PRESENT IN THE FILES WITHIN 72 HOURS OF REVIEW

Action

Administrator revised the support plan to include the need for an enabling bar

Owner

Administrator

Completion date:

October 3, 2022

Licensee's Plan Completion Date: 10/30/2022

Implemented [REDACTED] - 12/09/2022)