



CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: MARCH 21, 2023

██
The Vineyard Personal Care Home Inc.
3030 Columbia Avenue
Lancaster, Pennsylvania 17603

RE: The Vineyard Personal Care Home
3030 Columbia Avenue
Lancaster, PA 17603
License #: 32503

Dear ██████████:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Office of Long-term Living), licensing inspections on October 4-5, 2022 and November 29, 2022 of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

As a result of violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance (333550) dated January 9, 2022 to January 9, 2023 and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026 (b)(1) and 55 Pa. Code §20.71(a)(2):(3):(4) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed.

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

appeal, a written request for an appeal must be received within 10 days of the date of this letter by:

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

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

Sincerely,

Jamie L. Buchenauer

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

Enclosure
Licensing Inspection Summaries

cc: [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

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

Facility Information

Name: *THE VINEYARD PERSONAL CARE HOME* License #: *32503* License Expiration: *01/09/2023*
Address: *3030 COLUMBIA AVENUE, LANCASTER, PA 17603*
County: *LANCASTER* Region: *CENTRAL*

Administrator

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

Legal Entity

Name: *THE VINEYARD PERSONAL CARE HOME INC*
Address: *3030 COLUMBIA AVENUE, LANCASTER, PA, 17603*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *04/11/2003* Issued By: *Department of Labor & Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *35* Waking Staff: *26*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *10/05/2022*

Inspection Dates and Department Representative

10/04/2022 - On-Site: [REDACTED]
10/05/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *42* Residents Served: *35*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *34* Are 60 Years of Age or Older: *24*
Diagnosed with Mental Illness: *37* Diagnosed with Intellectual Disability: *8*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

10/04/2022 - Full

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*

Follow Up Date: *10/23/2022*

10/27/2022 POC Submission

Submitted By: [REDACTED]

Date Submitted: *11/21/2022*

Reviewer: [REDACTED]

Follow Up Type: *POC Submission*

Follow Up Date: *11/03/2022*

11/10/2022 POC Submission

Submitted: [REDACTED]

Date Submitted: *11/21/2022*

Reviewer: [REDACTED]

Follow Up Type: *Document Submission*

Follow Up Date: *11/17/2022*

02/06/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: *11/21/2022*

Reviewer: [REDACTED]

Follow Up Type: *Enforcement*

18 - Compliance With Laws

1. 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

The home's boiler certification expired 10/3/2020.

The carbon monoxide alarm located in the Pool Room near the emergency exit battery installation date is 5/02/2018.

Plan of Correction

Directed [REDACTED] - 11/08/2022)

On 10/4 and 10/5 the admin tried calling for the boiler certificate [REDACTED] didn't hear back from anyone , then on 0/11/2 [REDACTED] got the certificate/letter showing the dates that they were here and inspected the boiler.

On 10/4 the battery on the carbon monoxide detector were low, the batteries were relaced on 10/4/2022. Both these items will be on the maintenance monthly check list.

On 10/14 the battery on the carbon monoxide detector was low, staff member B (administrator) replaced the battery mmediately on 10/4/2022.

On 10/10/22 a checkoff list was made for maintenance staff member A . Staff member A will start using this mmediately to make sure all preventative maintenance items are taking care of. Staff member A will make sure these things are checked by the 25th of each month this will allow time to get any needed supplies/ replacements that may be needed

Directed)

- On 10/4/22 the administrator changed and dated the battery in the Carbon Monoxide Alarm*
- On 10/12/22, the Administrator obtained a copy of the boiler certification.*
- he administrator will develop and implement a checklist by 10/10/22 to include the annual review of the batteries in the carbon monoxide alarm and to ensure the boiler certificate is renewed timely.*

Directed Completion Date: 10/10/2022

Implemented [REDACTED] 11/29/2022)

25b - Contract Signatures

2. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated 11/5/21, for resident 1 was not signed by the administrator or designee.

Plan of Correction

Directed [REDACTED] - 11/08/2022)

On 10/11/2022 The administrator and house manager started going through the charts to make sure everything is signed and in date to stay in compliance. The Administrator created a checklist that will go in every chart to check off once we know the item is in the chart and signed , has the correct date and is in within the date to stay in compliance. a chart check paper will be placed in the charts and signed and dated when the charts are checked.

25b - Contract Signatures (continued)

Immediately the administrator signed the contract that was missing the admin signature, On 10/11/22 the administrator and the house manager immediately started going through the charts to check for dates and signatures, while going through the charts a checklist was added to the charts that the administrator created on 10/10/22. On this checklist we can checkoff what is in the chart and what was needed for the chart, the things that were needed will be added immediately and checked off. The administrator will check the charts monthly and sign and date the checklist, this check will be complete by the 20th of each month.

Directed)

- The administrator signed resident #1's home contract on 10/06/22.
- On 10/11/22, the administrator and house manager audited resident records to review dates and signatures.
- The administrator developed and implemented a content checklist which was included in the resident records on 10/10/22.
- Effective 10/20/22, the administrator will audit resident records monthly to ensure records are completed and accurate. The administrator will include findings on the checklist to be completed by the 20th of each month.

Directed Completion Date: 10/20/2022

Implemented [REDACTED] - 11/29/2022)

26a - Quality Management Plan**3. Requirements**

2600.

26.a. The home shall establish and implement a quality management plan.

Description of Violation

The Quality Management Binder shows a review was last completed 10/10/18.

Plan of Correction

Directed ([REDACTED] - 11/08/2022)

On 10/12/22 the administrator completed the quality management. The quality management will be completed each quarter. The dates of completion will be on the calendar to remind the administrator to complete.

On 10/12/22 the administrator staff member B completed the quality management. Going forward the quality management will be completed by the administrator by the 28th day of the quarter. The administrator will have the new quarter marked on the calendar to start on Jan 1, April 1, July 1, and Oct 1. This will help to remember to start, and the administrator will also have another reminder on the calendar on the 24th of each month just as a reminder to finish the quality, management by the end of the that month.

(Directed)

- On 10/12/22 the administrator completed the quality management plan review.
- Effective 10/12/22, the quality management plan review will be completed by the administrator quarterly, by the 28th day of the month. The administrator will have the new quarter marked on the calendar to begin on 1/1/23, 4/1/23, 7/1/23, and 10/1/23. This will assist in reminding the administrator to conduct the quality management plan review. The administrator will also add an additional reminder to the calendar for the 24th of each month to ensure the quality management plan is completed by the end of the month.

26a - Quality Management Plan (continued)

Directed Completion Date: 10/12/2022

Implemented () - 11/29/2022

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

Staff Member A does has not had a criminal history check was completed, the home was not able to provide a date of hire for this staff member.

Plan of Correction

Directed () - 11/08/2022

The house manager completed the background checks on all employees that did not have one on file this would include staff members . The administrator and the house manager will follow the employee check sheet for each employee hired to be sure that every employee chart in complete with the item/ forms required.

On 10/11/22 the house manager completed the background checks on all the employees that did not have one on on file, this would include staff member A and C. Going forward the house manager will complete a background check on the day of hire for all new employees. A check sheet was created by the administrator on 10/10/22 to be used for new hires on this check list is everything needed for a new hire chart with background checks being one of the items on the list. The house manager will do the new hire paperwork and the administrator will check the checkoff list a week after hire to assure that everything was complete. The administrator will sign off on the sheet once everything is complete.

(Directed)

- On 10/11/22 the house manager completed the background check for Staff member A. Backgrounds checks were also completed for Staff Member C and all staff required.
- Effective 10/10/22, the house manager will complete a background check on the day of hire for all new employees. A checklist was developed and implemented by the administrator on 10/10/22 to be used for new hires.
- Effective 10/10/22, the house manager will complete the new hire paperwork and the administrator will review the checklist the week following the new hire's start date to ensure required documentation is complete. The administrator will sign the checklist upon completion of required documentation.

Directed Completion Date: 10/11/2022

Implemented () - 11/29/2022

57b - 1 Hour/Day

5. Requirements

2600.

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

57b - 1 Hour/Day (continued)**Description of Violation**

On 9/22/22, there were 35 residents in the home, requiring a minimum of 26.25 hours of direct care service. On this day, only 19 hours of direct care staffing was provided.

Plan of Correction**Directed (████ - 11/08/2022)**

The administrator and the house manager continue to try and hire additional employees. An interview was set for 10/5/22 this person did not show up, another interview was set up for 10/17/22 again this person did not show up. Another interview is set for today 10/18/22. The employees that are here fill in all the empty holes and will start documenting this on the schedule so we can keep track of the hours to assure that we have all hours counted for. The administrator and the house manager will continue to try to hire additional employees. An interview was set up by the house manager on 10/5/22, this applicant did not show up, the house manager did do a courtesy call, but did not get an answer or call back. On 10/17/22 the house manager set another interview, again the applicant did not show up. On 10/18/22 the administrator set up an interview and the applicant did show up, was hired for a full-time 2nd shift med tech position. █████ start date will be on █████ 22. The employees that have been here have filled in the empty holes in the schedule, effective immediately these extra shifts that are picked up by the staff will be documented on the schedule so those hours can be calculated into the working hours. Prior to them recording the extra hours on the schedule they were just writing them on their timesheet.

Directed)

- On 10/18/22 the administrator hired an applicant for the 2nd shift with a start date of █████/22.
- Effective 10/24/22, the administrator will continue the recruiting and hiring process.
- The administrator will review staff schedules and staff timesheets/timecards by 11/25/22 and weekly thereafter to ensure any additional shifts worked by staff are accurately recorded and calculated.

Directed Completion Date: 11/25/2022**Implemented (████ 11/29/2022)****57d - Waking Hours****6. Requirements**

2600.

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

Description of Violation

On 9/22/22, a total of 26.25 hours of direct care was required. However, only 19 of the required hours, or 72 percent, were provided during waking hours.

Plan of Correction**Directed (████ - 11/08/2022)**

The administrator and the house manager continue to try and hire additional employees. An interview was set for 10/5/22 this person did not show up, another interview was set up for 10/17/22 again this person did not show up. Another interview is set for today 10/18/22. The employees that are here fill in all the empty holes and will start documenting this on the schedule so we can keep track of the hours to assure that we have all hours counted for. The administrator and the house manager will continue to try to hire additional employees. An interview was set up by the house manager on 10/5/22, this applicant did not show up, the house manager did do a courtesy call, but did not get an answer or call back. On 10/17/22 the house manager set another interview, again the applicant did not show up. On 10/18/22 the administrator set up an interview and the applicant did show up, was hired for a full

57d - Waking Hours (continued)

time 2nd shift med tech position. [REDACTED] start date will be on [REDACTED]/22.

The employees that have been here have filled in the empty holes in the schedule, effective immediately these extra shift that are picked up by the staff will be documented on the schedule so those hours can be calculated into the working hours. Prior to them recording the extra hours on the schedule they were just writing them on their timesheet.

Directed)

- On 10/18/22 the administrator hired an applicant for the 2nd shift start date [REDACTED]/22.
- Effective 10/24/22, the administrator will continue the recruiting and hiring process.
- The administrator will review staff schedules and staff timesheets/timecards by 11/25/22 and weekly thereafter to ensure any additional shifts worked by staff are accurately recorded and calculated.

Directed Completion Date: 11/25/2022

Implemented [REDACTED] - 11/29/2022)

63a - First Aid/CPR Training**7. Requirements**

2600.

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

Description of Violation

On 09/22/22, from 8:00pm to 6:00am, 35 residents were present in the home. During this time no staff persons were present in the home who are certified in CPR and first aid.

On 09/29/22, from 8:00pm to 6:00am, 35 residents were present in the home. During this time no staff persons were present in the home who are certified in CPR and first aid.

On 10/01/22, from 2:00pm to 6:00am, 35 residents were present in the home. During this time no staff persons were present in the home who are certified in CPR and first aid.

Plan of Correction

Directed [REDACTED] - 11/08/2022)

On 10/14/22 the administrator enrolled employees in A CPR class, the class will be complete on 11/18/2022.

On 10/14/2022 the administrator enrolled staff member C into the CPR/First Aid /AED class. This class will be complete on 10/18/22.

These classes are set up and conducted by the administrator Going forward the administrator will make it a part of [REDACTED] monthly checks to assure all CPR/First Aid/AED cards are in compliance, and start a class immediately for those that are close to expiring.

Any new hires coming in, that are not CPR/First Aid trained will be enrolled in a class immediately, by the administrator.

(Directed)

- On 10/14/22, the administrator enrolled the Staff Members in the CPR and First Aid certification classes to be conducted 11/18/22. Staff Member C will completed the CPR/First/AED on 10/18/22.
- The administrator will place the CPR/First Aid certification cards in staff members records by 11/25/22.

63a - First Aid/CPR Training (continued)

- The administrator will develop and implement a new hire checklist by 11/25/22 to ensure that new direct care staff are trained in CPR/First Aid before providing direct care.
- The administrator will audit the staff schedule daily beginning 11/25/22 to ensure that trained and qualified staff are scheduled in the required ratio for each shift.

Directed Completion Date: 11/25/2022

Implemented [REDACTED] - 11/29/2022)

65a - FS Orientation 1st Day**8. 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:

Description of Violation

Staff member A, whose first day of work was not provided, did not receive orientation on the following topics:

1. Evacuation procedures
2. Staff duties & responsibilities - fire drills
3. Designated meeting place outside/interior fire safe area
4. Smoking safety procedures/policy
5. Location & use of fire extinguishers
6. Smoke detectors & fire alarms
7. Telephone use and notification of emergency services

Plan of Correction

Directed [REDACTED] - 11/08/2022)

On 10/11/22 the administrator created a check list for all new hires. This check list will include everything needed for new hires to start employment. The House manager or administrator will make sure all is checked before new hires start their first day

On 10/11/22 the administrator created a check list for all new hires. This check list will go in affect immediately and will include everything needed for new hires to start employment.

On 10/5 the house manager completed the new hire paperwork on staff member A. Staff member A's background was checked on 10/11/22, going forward all background checks will be complete on day of hire,

Going forward house manager will make sure all new hires have the new hire paperwork and background complete / started on the 1st day and completed within the first 40 hours of work.

A week later the administrator will check the paper work and if completed will sign off on it.

Directed)

- The administrator conducted the orientation training with staff member A on 10/5/22
- The administrator will place the completed orientation training documentation in staff member A's record by 11/25/22.
- The administrator developed and implemented a new hire checklist on 10/11/22. The administrator will audit staff records monthly beginning 11/25/22 and will sign off on required and completed documentation.

Directed Completion Date: 11/25/2022

Implemented [REDACTED] - 11/29/2022)

65b - Rights/Abuse 40 Hours**9. 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:

Description of Violation

Staff Member A whose date of hire was not provided did not complete the Rights/Abuse 40 Hours Training in the following topics:

1. Resident rights
2. Emergency medical plan
3. Mandatory reporting of abuse - OAPSA
4. Reporting reportable incidents and conditions.

Plan of Correction**Directed (████ - 11/08/2022)**

Along with the new hire check list that was created on 10/11/22 the admin also created a first day and first 40 hour check list to be checked off as the new hire is trained on those items. The administrator will check these papers to make sure they are complete.

On 10/11/22 the administrator created a check list for all new hires. This check list will go in affect immediately and will include everything needed for new hires to start employment.

On 10/5 the house manager completed the new hire paperwork on staff member A. Staff member A's background was checked on 10/11/22, going forward all background checks will be complete on day of hire,

Going forward house manager will make sure all new hires have the new hire paperwork and background complete / started on the 1st day and completed within the first 40 hours of work.

A week later the administrator will check the paper work and if completed will sign off on it.

(Directed)

- *The administrator will conduct the 40 hours Rights/Abuse training for Staff Member A by 11/25/22*
- *The administrator will place the completed training documentation in staff member A's record by 11/25/22.*
- *The administrator developed and implemented a new hire checklist on 10/11/22 that includes the 40-Hours Training.*
- *The administrator will audit staff records by 11/25/22 to ensure all staff are adequately trained and documentation is maintained.*

Directed Completion Date: 11/25/2022**Implemented (████ - 11/29/2022)****65c - Ancillary Staff Orientation****10. Requirements**

2600.

65.c. Ancillary staff persons shall have a general orientation to their specific job functions as it relates to their position prior to working in that capacity.

Description of Violation

Ancillary Staff Member A, whose first day of work was not provided, did not have a general orientation to ██████████

65c - Ancillary Staff Orientation (continued)

specific job functions.

Plan of Correction

Directed [REDACTED] 11/08/2022)

Staff member A was given [REDACTED] orientation, on 10/11/2022 by the house manager all new hire paperwork was complete along with the background check.

Effective 10/11/22, all new hires will have their paperwork complete by the house manager immediately before they begin working in the facility. The administrator will check on the new hire, first day and first 40 hours a week later and sign off on it to assure that all paper work is complete.

(Directed)

- On 10/11/2022, the House Manager conducted the orientation of job functions with Staff member A.
- The administrator developed and implemented a new hire checklist on 10/11/22 that includes the new hire orientation.
- The administrator will audit staff records by 11/25/22 to ensure all staff are adequately trained and documentation is maintained.

Directed Completion Date: 11/25/2022

Implemented [REDACTED] - 11/29/2022)

85d Trash Receptacles**11. Requirements**

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 10/4/22 at 9:30am the trash receptacles in the bathroom on the 2nd floor across from room 18 and the 2nd floor bathroom next to the fire exit were not covered.

Plan of Correction

Directed [REDACTED] 11/08/2022)

On 10/4/2022 the two trash cans that were found without lids were replaced immediately by the administrator. On 10/12/2022, the administrator and house manager purchased 6 more trash cans from Wal Mart, These will be kept and will replace any other trash can that is found without lids. Immediately put in place for the house keeper to check the cans daily as she empties the trash, and will report to the house manager or administrator if the trash can is in bad shape or without a lid. The trash can will be replaced immediately with a new lidded trash can.

(Directed)

- The administrator replaced the two trash receptacles on 10/4/2022 and ensured each have lids.
- On 10/12/2022, the administrator and house manager purchased 6 more trash receptacles which will be kept in the home as replacements.
- Effective 10/12/22, the housekeeper will ensure trash receptacles are checked daily and will report findings to the administrator.
- The administrator will develop and implement a checklist by 11/25/22 to document conditions of trash receptacles and ensure trash receptacles have lids and remain in good repair.

Directed Completion Date: 11/25/2022

Implemented [REDACTED] - 12/01/2022)

85d - Trash Receptacles *(continued)*

88a Surfaces

12. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

Exit #8 shows excessive brown leaves accumulated, along the sides of the steps and at the bottom of the steps, which were damp due to the rainy conditions.

Exit #9 at lower level of home shows a large amount of brown dried leaves, and dirt accumulated in front of the door

The 2nd floor Balcony was observed showing debris, dirt, leaves, a lamp, plant pots and a broken chain.

Unlocked Maintenance Room, shows Clorox Bleach Bathroom Cleaner, several 12-Gallon cans of paint, resolve cleaner, stain and order remover, 2-in-1 concrete cleaner-gallon

A hole approximately 12 inches in size was observed in the ceiling tile in the Laundry Room above the linen storage

Plan of Correction**Directed ([REDACTED] - 11/08/2022)**

On 10/10/2022 the administrator created a housekeeping schedule. This schedule should be followed daily, keeping the entrance ways free of any dirt and dried leaves. The administrator will check the entrances on a weekly basis, to make sure they are cleaned. Along with this schedule a maintenance check off list was created for the maintenance staff to help keep other areas such as broken or missing ceiling tiles, unlocked doors in compliance . These areas on the maintenance checklist will be checked on a weekly basis by the house manager or the administrator

On 10/10/2022 the maintenance staff did get the balcony cleaned , and the ceiling tile in the laundry room was replaced on 10/14/2022 ,

These items will be checked monthly by the maintenance and housekeeping staff, and checked off on the maintenance check sheet, Administrator will check weekly.

Maintenance will check all doors during his morning rounds to make sure the maintenance doors are locked , The green tile in the stairwell will be changed.

Directed)

- The administrator will ensure the accumulation of leaves and dirt located in stairwells #8 and #9 are cleaned by 11/25/22.*
- The administrator will ensure the maintenance rooms doors are kept locked by 11/25/22.*
- On 10/10/22, the maintenance staff cleaned the balcony; the maintenance staff replaced the ceiling tile in the aundry room on 10/14/22.*

88a - Surfaces (continued)

- On 10/10/2022 the administrator developed and implemented a housekeeping schedule, which will be followed daily by the housekeeping and maintenance staff, keeping the entrance ways free of any dirt and dried leaves.
- The administrator will ensure the maintenance room doors are kept locked and document findings on the maintenance checklist.
- The administrator will develop and implement a monthly checklist by 11/25/22 to document the review of and/or repair of ceiling tiles.

Directed Completion Date: 11/25/2022

Not Implemented [REDACTED] - 12/01/2022)

95 - Furniture and Equipment**13. Requirements**

2600.

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

Description of Violation

On 10/4/22 the fire system panel in the basement was observed showing the "Trouble" light lit. However, on 10/5/22 at 10:24 AM, the panel was observed listing name Yarnell Security Systems with a time-stamp of 10:24 PM

Plan of Correction

Directed [REDACTED] - 11/07/2022)

On 10/14/2022 Yarnell came in to look at the panel, to find out that the VIOP was not consistent, everything is working the panel needs to be updated / modernized. The parts are ordered on 10/14/2022 by the administrator staff member B

(Directed)

- The administrator will ensure the Fire Panel parts are scheduled to be installed by 11/21/22.
- The administrator will conduct weekly checks of the fire panel effective 11/21/22.
- The administrator will create a checklist by 11/21/22 to document fire panel checks, identify any issues and create a plan to correct issues within 72 hours.

Directed Completion Date: 11/21/2022

Implemented [REDACTED] - 12/01/2022)

102d - Grab/Hand/Assist Bar/Slip-Resistant Surface**14. Requirements**

2600.

102.d. Toilet and bath areas must have grab bars, hand rails or assist bars. Bathtubs and showers must have slip-resistant surfaces.

Description of Violation

The 2nd Floor resident bathroom across from Room 18 did not have a grab assist bar installed near the toilet.

102d - Grab/Hand/Assist Bar/Slip-Resistant Surface (continued)**Plan of Correction****Directed (████ - 11/07/2022)**

On 10/19/2022 the maintenance guy purchased and installed a new grab assist bar to the toilet. To prevent this from reoccurring, the administrator added this to the monthly maintenance check list. The maintenance staff member A will check these items monthly to make sure all is in good repair, Housekeeping will also check these things daily when cleaning and report any issues to the maintenance staff member A.

Both the maintenance and housekeeping staff have check list that they will follow and the administrator staff member B will check these on a weekly basis.

(Directed)

- On 10/19/2022 maintenance staff purchased and installed a new grab assist bar.
- The administrator developed and implemented a monthly maintenance checklist on 10/19/22 and added the review of fixtures. In addition, the maintenance staff will check these items monthly to make sure each are in good repair; housekeeping will also review bathrooms daily when cleaning and report any issues to the maintenance staff. Maintenance and Housekeeping will report findings to the administrator.

Directed Completion Date: 10/19/2022

Implemented (████ - 01/20/2023)**102i - Soap Dispenser****15. Requirements**

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

In the 2nd Floor bathroom across from Room 18, there was an unlabeled used bar of soap located on the sink.

Plan of Correction**Directed (████ 11/08/2022)**

On 12/19/2022 soap cases were purchased by the maintenance staff, for those residents that want to use bar soap. These soap dishes will be labeled with resident names as they are given to them by any staff member. Ongoing housekeeping will report immediately to the house manager of any bar soaps that are not in soap dishes so they can get a soap dish immediately Residents are reminded by the house manager that if they purchase bar soaps to let house manager know so they can be given a soap dish with their name to store it in, and that they need to keep it in their soap dish at all times when not in use.

(Directed)

- On 10/19/2022 soap cases were purchased by the maintenance staff, for residents that want to use bar soap.
- The administrator will ensure bar soap is placed in soap cases and soap cases are labeled with resident names by 11/25/22.
- The administrator will develop and implement a checklist by 11/25/22 that includes the review of bar soap.
- Effective 10/19/22, housekeeping will report to the house manager any bar soaps that are not in soap dishes.
- The administrator will inform residents in writing by 11/25/22 when residents purchase bar soaps to inform the house manager so the resident may be provided with a soap case with the residents name, as well as ensure residents keep their bar soap in the soap case, when not in use.

Directed Completion Date: 11/25/2022

102i - Soap Dispenser (continued)

Not Implemented () - 12/01/2022)

132a - Monthly Fire Drill

16. Requirements

2600.

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

Description of Violation

Fire drill logs show a fire drill was last conducted in the home on 11/27/21.

Plan of Correction

Directed () - 11/07/2022)

Going forward the admin will make sure fire drill are completed monthly. I have no rerecord of fire drill completed for the year, to be able to send anything.

The administrator staff member B will make sure that all fire drills are pulled monthly following the fire drill schedule that was created, by the administrator. Fire drills are also listed on the maintenance check list so the the maintenance staff can also check if the fire drill was completed for the month. Once the maintenance staff sees the fire drill was complete he will check it off of his monthly checklist.

The annual fire training by a fire expert was set up by the house manager and will take place Nov 2nd at 630pm All staff are mandatory to be at this training.

Directed)

- The administrator will schedule an unannounced fire drill to completed by 11/25/22
- The administrator will ensure monthly fire drills continue to be completed by 11/25/22
- The administrator will ensure monthly fire drills are documented on the department's forms and a record kept n the home.
- Effective 11/25/22, the administrator will maintain a maintenance checklist to document the completion of monthly fire drills.

Directed Completion Date: 11/25/2022

Implemented () - 11/29/2022)

132b - Safety Inspection/Fire Drill

17. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

A fire safety inspection and fire drill conducted by a fire safety expert was last conducted in the home on 4/26/21.

Plan of Correction

Directed () - 11/07/2022)

The admin has been trying to get ahold of Blue Rock fire company to set up a date for the safety inspection. Again today 10/19/2022 I left another message to have this set up. Admin will continue to call if we get no answer we will try to find a fire expert to do the drill.

The administrator staff member B will make sure that all fire drills are pulled monthly following the fire drill schedule that was created, by the administrator. Fire drills are also listed on the maintenance check list so the the

132b - Safety Inspection/Fire Drill (continued)

maintenance staff can also check if the fire drill was completed for the month. Once the maintenance staff sees the fire drill was complete he will check it off of his monthly checklist.

The annual fire training by a fire expert was set up by the house manager on 10/20/22 and will take place Nov 2nd at 630pm All staff are mandatory to be at this training.

(Directed)

- *The administrator will schedule the Fire Safety Inspection and Fire Drill observed by a Fire Safety Expert by 11/25/22*
- *Effective 11/25/22, the administrator will ensure the Safety Inspection and Fire Drill observed by a Fire Safety Expert is documented and kept in the home.*
- *Effective 11/25/22, the administrator will maintain a maintenance checklist to document the completion of annual safety inspections and Fire Drills to ensure each are completely within the 12-month timeframe.*

Directed Completion Date: 11/25/2022

Implemented () - 11/29/2022)

132d - Evacuation**18. Requirements**

2600.

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 letter for the evacuation time of 3 minutes conducted by a fire safety expert within the past year is dated 4/26/21.

Plan of Correction

Directed () - 11/07/2022)

The admin has been trying to get ahold of the Blue Rock fire company since 10/6/2022 to have them come out to do a timed fire drill so we can get an accurate evacuation time. I have left another message today 10/19/22.

On 10/20/22 The house manager got a hold of the fire company to set up the annual times fire drill. The chief with Blue Rock fire company will be here November 2nd at 6:30 pm to do a fire drill with the staff to determine a time to evacuate the facility. All staff is aware of this training and will attend the training. Going forward the house manager will manage these trainings yearly and continue with yearly trainings in October.

(Directed)

- *The administrator scheduled the Fire Safety Inspection and Fire Drill observed by a Fire Safety Expert to determine and document the evacuation time and designation on 11/2/22*
- *Effective 11/2/22, the administrator will ensure the documentation detailing Fire Safety Inspection and Fire Drill observed by a Fire Safety Expert to determine and document the evacuation time and designation is kept in the home.*
- *Effective 11/25/22, the administrator will maintain a maintenance checklist to document the completion of annual fire safety inspections and Fire Drills to ensure each are completely within the 12-month timeframe.*

Directed Completion Date: 11/25/2022

Implemented () - 11/29/2022)

132d - Evacuation (continued)

141a - Medical Evaluation

19. 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

The resident medical evaluation for Resident 2 dated 1/30/22 was not completed on the form required by the Department as page 1 is on a MA-51 Form and the second page is page 2 of 2 of the Department's form.

The resident medical evaluation for Resident 3 dated 6/16/22 was not completed on the form required by the Department as page 1 is on a MA-51 Form and second page is page 2 of 2 of the Department's form.

Plan of Correction

Directed [redacted] - 11/08/2022

On 10/4/2022 The administrator called and fax the PCP to get the 2nd page of the DME. The PCP did fax the DME back to the facility both pages were included in the fax. The DME that was faxed back was placed in the chart immediately.

Administrator and the house manager immediately check all other charts to make sure all DMEs were complete and dated. Going forward DMES will be checked by the administrator monthly. This will be documented on the chart checks that were placed in the charts on 10/11/22. These checks will be completed by the 20th of each month.

(Directed)

- On 10/4/2022 the administrator called and faxed the PCP the 2nd page of the DME for resident 3. The PCP faxed both pages of the DME to the home. The DME was placed in the resident's record on 10/4/22.
- The administrator will obtain page 1 of the DME for resident 3 by 11/25/22.
- The administrator and house manager completed an audit of the resident records on 10/4/22, to ensure DMEs were complete and dated.
- Effective 10/20/22 DME's will be reviewed by the administrator monthly. Findings will be documented on the resident record (chart check list). The resident records audit will be completed by the 20th of each month.

Directed Completion Date: 11/25/2022

Not Implemented [redacted] - 12/01/2022

183d - Prescription Current

20. 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 2 is Prescribed Oxycodone HCL 5mg which was discontinued effective 7/18/22. This medication was stored in the medication cart.

Resident 4 is Prescribed Adderall 20mg (28 Pills) which was discontinued effective 9/29/22 but was stored in the medication cart.

183d - Prescription Current (continued)

Plan of Correction**Directed** [REDACTED] 11/07/2022)

On 10/5/22 the medications that were found in the cart for resident 2 and 4 were both destroyed in the drug bust by the administrator and the house manager. Going forward any medication that is discontinued will be destroyed immediately with 2 staff members present. The administrator created a cart audit that will be done monthly and this will start in October 2022. Cart audit going forward will be completed on Weds of every week. Audits will be kept in a binder, and the administrator will check and sign off on these audits no later than Thursdays of that week. Any med tech that is given the discontinued order can destroy the medication with another staff member immediately when the discontinued order comes in.

Directed)

- On 10/5/22 the discontinued medications found in the medication cart for residents 2 and 4 were destroyed by the administrator and the house manager.
- Effective 10/5/22, any medication that is discontinued will be destroyed immediately with 2 medication techs present.
- The administrator developed and implemented a medication cart audit on 10/5/22 to be completed monthly on Wednesdays beginning 11/25/22.
- The administrator will develop and maintain medication audits in a binder by 11/25/22, and the administrator will check and sign off on audits no later than Thursdays of each week.

Directed Completion Date: 11/25/2022**Implemented** [REDACTED] - 11/29/2022)

187a - Medication Record

21. Requirements

2600.

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

Description of Violation

The medication administration record (MAR) for Resident 1 shows Novolog Flexpen SS (Slicing Scale) Insulin for 6:00am, 12:00pm, 3:00pm and 9:00pm, listed twice on the MAR for a total of 8 times per day. The Physician's order indicates SYR 100 Units/ML, Insulin ASPART 100 Unit/ML Sliding Scale with meals: If BS is 0-150=0 U; Additional: 151-200=Add 2 U; 201-250=Add 4 U; 251-300= Add 6 U; BS 301-350=8 U; Greater than 350 = 10 Units Additional

The MAR for Resident 2 shows resident is prescribed Motrin which shows medication was discontinued in error by the doctor, however the doctor was contacted and indicated the medication is actively prescribed to the resident.

The MAR for Resident 3 shows Novolog Flexpen SS (Slicing Scale) at 6:00am, 12:pm, 3:00pm and 9:00pm. The Physician's order indicates SYR 100 Units/ML, SS: Three times daily. If BS is 150-200 Give 3 units, Sub-Q BS 201-250=6 Units, BS 251-300=9 Units, DX: DM (Max 30 Units/24HRS)

Plan of Correction**Directed** [REDACTED] - 11/07/2022)

The administrator and the house manager are going to do the recaps,(that have never been completed for this building.) The first recaps that will be completed are for November, Once the recaps are complete and they match the MAR, we will fax them to the PCP to look at them and sign off if they are correct. Going forward recaps will be done monthly, the recaps are sent to the facility by the pharmacy around the 25th of each month. The

187a - Medication Record (continued)

administrator and the house manager or a med tech will start working on these the day after delivery to check the recaps with the MAR, the recaps come to the facility in a 3 part carbon. Once the house manager/ med tech and administrator have them complete, one page will be sent to the pharmacy to correct the changes for the next month. These have to be sent to the pharmacy by the 5th of the month to make the changes for the following month.

(Directed)

- The administrator will review all resident MARs by 11/25/22 to ensure medications properly reflect doctor's orders.
- The administrator will forward MARs to the pharmacy by 11/25/22 for review and correction.
- The administrator will develop and implement a monthly checklist by 11/25/22 to document the results of the MARs audits.
- Beginning 11/25/22, the administrator will review MARs monthly.

Directed Completion Date: 11/25/2022

Implemented (█ - 01/20/2023)

190a - Completion Medication Course**22. Requirements**

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff Member B, hired █ who indicated █ administers medication, last completed Department-approved Medication Training on 9/7/21.

Plan of Correction

Directed (█ - 11/07/2022)

Staff member B will no longer be passing meds until █ completes the medications administration course. The administrator that is medication trained to train the course will enroll staff member B. in a training course. The administrator that is a current train the trainer will set up the classes going forward. The administrator has a binder with all med tech information, including the dates of observation, and MAR review. This binder will be checked by the train the trainer (administrator) monthly. There is also a schedule of each med tech as to when they are due for these checks. That will be updated monthly after the checks were performed for their scheduled month. The med trainer (administrator) will be checking each med tech schedule monthly, by the 25th of each month.

(Directed)

- The administrator who is certified to conduct the medication administration training will schedule Staff Member B to complete medication administration training by 11/25/22. The required documentations shall be kept in the home.
- The administrator will audit the staff records of all staff who administer medications by 11/25/22 to ensure these staff are properly trained in medication administration and meet the requirements of the Dept.- approved course.

190a - Completion Medication Course (continued)

- The administrator will develop and implement a system by 11/25/22 to review staff training qualifications on a monthly basis and ensure they are in compliance with the Dept.-approved medication administration course, as well as to ensure certifications remains current.

Directed Completion Date: 11/25/2022

Implemented ([REDACTED] - 11/29/2022)

190b - Insulin Injections**23. Requirements**

2600.

190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

Description of Violation

Staff Member B, hired [REDACTED] who performs diabetic medication measures, last completed the Department-approved Diabetic patient education program training on 5/14/19

Staff Member C, hired [REDACTED] performs diabetic medication measures but has not completed the Department-approved Diabetic patient education program training.

Plan of Correction

Directed [REDACTED] 11/08/2022)

The admin had a diabetic training class set up for 10/6/22, with [REDACTED] for staff member B and C. Both staff member have taken the training. Going forward the administrator will check the certificates monthly to make sure they are in compliance. These certificates are kept in a binder with the med tech certificates, both these certificates will be checked monthly by the med trainer (administrator) these checks will be done by the 25th of each month. If any of these certificates are about to expire or are in need of an observation. This will be set up by the med trainer immediately. These checks will be on a first of the month check along with the monthly checks by the administrator. The first of the month checks is when the administrator makes sure all audits are in place for the new month.

(Directed)

- The administrator retained a certified diabetes educator to conduct the required training course for Staff Member B and Staff member C on 10/6/22.
- The administrator will audit the staff records of all staff who administer medications by 11/25/22 to ensure these staff are properly trained in medication administration and meet the requirements of the Dept.-approved course.
- By 11/25/22, the administrator will develop and implement an annual checklist for the diabetes patient education program to ensure staff qualifications do not expire.

Directed Completion Date: 11/25/2022

Implemented ([REDACTED] - 11/29/2022)

225c - Additional Assessment**24. Requirements**

2600.

225c - Additional Assessment (continued)

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

Description of Violation

Resident 3's current annual resident assessment and support plan (RASP) is dated [REDACTED] the annual RASP prior to that date was completed 2/12/21.

Resident 5's current annual RASP is dated [REDACTED], the annual RASP prior to that date was completed 11/4/2020.

Resident 6's current annual RASP is dated [REDACTED], the annual RASP prior to that date was completed 2/27/21.

Plan of Correction

Directed ([REDACTED] - 11/08/2022)

The administrator and the house manager went through all the charts, in October and created a document with all DME / RASP due dates that the administrator will check at the end of the previous month. The resident that are due on present month will be documented on the administrators calendar. Once it is determined what residents are due on the upcoming month the house manager will set up the appointment with the PCP, Once the DME/RASP are complete the name will be checked and hi lighted this will help the administrator know these were completed. The administrator will check these weekly to make sure the appointment was set up with the PCP for the medical evaluation. and that the RASP is completed, signed and in the chart. The DME/RASP document will be updated by the administrator as they are complete to keep them in compliance. Any new residents will be added to this list for the following year.

Directed)

- The administrator will audit the assessments for Residents 3, 5 and 6, as well as all resident assessments by 11/25/22 to ensure each are complete, accurate and timely.
- The administrator will develop and implement an annual checklist by 11/25/22 to ensure resident assessments are completed timely within the 12-month timeframe.

Directed Completion Date: 11/25/2022

Implemented ([REDACTED] - 11/29/2022)

252 Record Content

25. Requirements

2600.

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

Description of Violation

The record for Resident 2 does not include eye color, hair color, identifying marks, or religious affiliations.

Plan of Correction

Directed ([REDACTED] - 11/08/2022)

On 10/11/22 the admin and the house manager started going through the charts to make sure that all items needed by state regulation, a check list was created by the admin on in October and will be checked off when these things are in the chart. The factsheet will have the eye color, hair color, identifying marks and religion. This task will be started immediately until they are finished, Admin will check these monthly to make sure these things are not missing from the charts. and initialed on the chart check sheet with the date the chart was checked. Once the face sheets are complete a copy will be made by the administrator and kept in a file so if one does go missing we will have another one to replace immediately. Any staff member can make the changes necessary on the factsheets such as new PCP. dentist, eye dr ETC , if changes are made they will report this to the administrator immediately so a

252 - Record Content (continued)

new printed face sheet can be made and all face sheets for the residents can be replaced with current changes.

Directed

- *The administrator will update resident #2's record to ensure all regulatory contents of the record are present.*
- *The administrator and house manager audited resident records on 10/11/22 to ensure records are complete and accurate.*
- *The administrator will develop and implement a checklist by 11/25/22 to ensure that all elements of resident records are accurate and complete and any discrepancies are documented, and addressed within 72 hours.*

Directed Completion Date: 11/25/2022

Implemented ([REDACTED] - 11/29/2022)