

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

March 23, 2023

[REDACTED]  
470 MANOR OPERATING LLC  
490 MANOR AVENUE  
DOWNTOWN, PA, 19335

RE: ST. MARTHA VILLA FOR  
INDEPENDENT & RETIREMENT  
LIVING  
490 MANOR AVENUE  
DOWNTOWN, PA, 19335  
LICENSE/COC#: 14108

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/10/2022, 11/14/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

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

Sincerely,  
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

## Facility Information

Name: ST. MARTHA VILLA FOR INDEPENDENT & RETIREMENT LIVING License #: 14108 License Expiration: 11/03/2023  
 Address: 490 MANOR AVENUE, DOWNINGTOWN, PA 19335  
 County: CHESTER Region: SOUTHEAST

## Administrator

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

## Legal Entity

Name: 470 MANOR OPERATING LLC  
 Address: 490 MANOR AVENUE, DOWNINGTOWN, PA, 19335  
 Phone: [REDACTED] Email: [REDACTED]

## Certificate(s) of Occupancy

Type: C-2 LP Date: 11/20/2002 Issued By: Dept of L&I

## Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 78 Waking Staff: 59

## Inspection Information

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal, Complaint Exit Conference Date: 11/14/2022

## Inspection Dates and Department Representative

11/10/2022 - On-Site: [REDACTED]  
 11/14/2022 - On-Site: [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

License Capacity: 135 Residents Served: 50

## Secured Dementia Care Unit

In Home: Yes Area: Carlson Capacity: 35 Residents Served: 24

## Hospice

Current Residents: 6

## Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 50  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 28 Have Physical Disability: 0

## Inspections / Reviews

## 11/10/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/01/2022

Inspections / Reviews (*continued*)

## 11/29/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/06/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 12/06/2022

## 12/07/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/06/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 12/10/2022

## 12/07/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/06/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission

Follow-Up Date: 01/06/2023

## 03/23/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/06/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

## 41e - Signed Statement

**1. Requirements**

2600.

41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

**Description of Violation**

*Resident 1's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.*

**Plan of Correction****Accept (MS - 12/07/2022)**

*An audit of all resident files will be completed by the administrator and the administrative assistant to ensure each resident file contained a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures. This will begin on 12/5/22 and be completed on 1/2/2023.*

*An audit 1x per week x4 weeks will occur beginning on 12/5/22 for all new admissions to ensure a signed statement acknowledging receipt of resident rights and complaint procedures is in the resident file. This audit will be completed by the administrator on 1/2/23.*

*An education will be signed off on by the admissions director, clinical director, and administrator. This education was presented by the administrator on 12/5/22 and has been complete.*

**Licensee's Proposed Overall Completion Date: 01/02/2023**

**Implemented (MS - 02/08/2023)**

## 85d - Trash Receptacles

**2. 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 11/14/22 at 9:49aM there were a 4 uncovered, unattended trash cans in the kitchen.*

**Plan of Correction****Accept (MS - 12/07/2022)**

*New trash cans with lids were put into the kitchen on 11/15/22.*

*An audit that began on 12/2/22, 1x per week x4 weeks, will be completed by the Executive Chef to ensure the lids remain on the cans in the kitchen. This audit will be complete on 1/2/23.*

*An education will be provided to all dietary staff by the Administrator. This education began on 12/5/22 and will be complete on 1/2/23. This education will be presented by the administrator.*

**Licensee's Proposed Overall Completion Date: 01/02/2023**

**Implemented (MS - 03/23/2023)**

## 85e - Trash Outside Home

**3. Requirements**

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

**85e - Trash Outside Home (continued)****Description of Violation**

On 11/14/22 at 10:03AM, the trash can outside by the shed was uncovered.

On 11/14/22 at 10:05AM, the dumpster lid was open.

**Plan of Correction****Accept (MS - 12/07/2022)**

An education will be given to each department by the Administrator and completed by 1/2/23. This education began on 12/5/22 and will be complete on 1/2/23.

An audit 2x per week x4 weeks will be completed by a maintenance team member ensuring there is no trash uncovered outside and that the dumpster lid is closed. This audit began on 12/2/22 and will be complete on 1/2/23.

Licensee's Proposed Overall Completion Date: 01/02/2023

**Implemented (MS - 02/08/2023)****103d - Storing Food Off Floor****4. Requirements**

2600.

103.d. Food shall be stored off the floor.

**Description of Violation**

On 11/14/22 at 9:57AM there were 3 boxes of food stored on the floor in the walk in freezer and 1 box of apples on the floor in the walk in fridge.

**Plan of Correction****Accept (MS - 12/07/2022)**

An education will be provided to the entire dietary department on the regulation and signed off on. This education will be given by the administrator and completed by 1/2/23. This education began on 12/5/22.

An audit 2x per week for 4 weeks will be completed by the Executive Chef ensuring there is no food stored on the floor of the walk-in fridge and freezer. This audit will begin on 12/5/22. This audit will end on 1/2/23.

Licensee's Proposed Overall Completion Date: 01/02/2023

**Implemented (MS - 03/23/2023)****103f - Refrigerator/Freezer Temps****5. Requirements**

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

**Description of Violation**

On 11/10/22 at 11:05AM, there was no thermometer in the 3rd floor kitchen freezer and it contained resident food.

On 11/14/22 at 9:50AM, there was no thermometer in the ice cream freezer

**103f - Refrigerator/Freezer Temps (continued)****Plan of Correction****Accept (MS - 12/07/2022)**

The 3rd floor kitchen fridge has been made an employee fridge as it is not utilized by any residents and the residents have fridges in their apartments. A sign stating employee fridge was placed on the front of the fridge by the administrator. A memo to all residents informing them it is an employee fridge was sent out on 11/30/22 by the administrator.

A thermometer was placed in the ice cream freezer immediately.

An education will be provided to and signed off on by the dietary department on the regulation. This education will be given by the administrator and completed by 1/2/23. This education began on 12/5/22.

An audit 1x per week x4 weeks will be completed by the Executive Chef or designee ensuring that every fridge that needs one has a thermometer. This audit will begin on 12/5/22 and be completed on 1/2/23.

The Executive Chef or designee will sign off on the temperatures of the fridges 2x per day x4 weeks. This will begin on 12/5/22. This will be completed on 1/2/23.

Licensee's Proposed Overall Completion Date: 01/02/2023

**Implemented (MS - 02/08/2023)****103g - Storing Food****6. Requirements**

2600.

103.g. Food shall be stored in closed or sealed containers.

**Description of Violation**

On 11/14/22 at 9:55AM, there was an uncovered pan of rice in the walk-in fridge

**Plan of Correction****Accept (MS - 12/07/2022)**

An education will be provided to and signed off on by the dietary department on the regulation. This education began on 12/5/22. This education will be given by the administrator and completed by 1/2/23.

An audit 2x per week x4 weeks will be completed by the Executive Chef or designee ensuring all food is stored in closed or sealed containers in the walk-in fridges. This audit will begin on 12/5/22 and be completed by 1/2/23.

Licensee's Proposed Overall Completion Date: 01/02/2023

**Implemented (MS - 03/23/2023)****103i - Outdated Food****7. Requirements**

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

**Description of Violation**

On 11/10/22 at 11:05AM in the 3rd floor kitchen refrigerator there were 2 tubs of apple sauce that were unlabeled, undated.

On 11/14/22 at 9:52AM there were 2 expired canisters of whipped cream in the fridge in the kitchen.

**103i - Outdated Food (continued)**

On 11/14/22 at 9:55AM there were 2 additional expired canisters of whipped cream in the walk in fridge in the kitchen.

**Plan of Correction****Accept (MS - 12/07/2022)**

An education will be provided to and signed off on by the dietary department on the regulation. This education will be given by the administrator and completed on 1/2/23. This education began on 12/5/22.

The refrigerator in the kitchen on the 3rd Floor was turned into a staff refrigerator as no residents utilized it and each resident has a fridge in their apartment. A sign has been placed on this fridge by the administrator and a memo was given to the residents on 11/30/22.

An audit 2x per week for 4 weeks will be completed by the Executive Chef or designee ensuring there is no unlabeled, undated, or expired food in the kitchen fridges. This audit began on 12/5/22 and be completed on 1/2/23.

Licensee's Proposed Overall Completion Date: 01/02/2023

**Implemented (MS - 03/23/2023)****121a - Unobstructed Egress****8. Requirements**

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

**Description of Violation**

On 11/10/22 from 9:15AM-10:30AM, 2 serving tables and trays blocked egress from the home's private dining room.

On 11/10/22 from 10:35AM, lounge chair that was present outside of the door, blocked egress from the home's 1st floor dining room.

**Plan of Correction****Accept (MS - 12/07/2022)**

An education will be signed off on by each department on the regulation. This education was started on 12/5/22.

This education will be given by the administrator and be completed by 1/2/23.

A memo was sent to each resident in the building notifying them that the patio furniture cannot block any doors/exits on 11/29/22.

An audit will be completed by the receptionists 2x per day for 2 weeks ensuring that no patio furniture is blocking an exit. This audit began on 12/5/22 and will be completed on 1/2/23.

Licensee's Proposed Overall Completion Date: 01/02/2023

**Implemented (MS - 02/08/2023)****131a - Fire Extinguisher****9. Requirements**

2600.

**131a - Fire Extinguisher (continued)**

131.a. There shall be at least one operable fire extinguisher with a minimum 2-A rating for each floor, including the basement and attic.

**Description of Violation**

*On 11/10/22 at 10:57AM, the arrow on the 2nd floor hallway fire extinguisher was in the recharge zone.*

**Plan of Correction**

**Accept (MS - 12/07/2022)**

*The fire extinguisher was immediately replaced with a functioning one on 11/10/22.*

*An audit will be completed 1x per week for 4 weeks by a maintenance team member ensuring all the fire extinguishers are operable on each floor. This audit will begin on 12/5/22 and be completed by 1/2/23.*

*An education on the regulation will be provided to and signed off on by the maintenance department. The administrator began this education on 11/30/22 and it was completed same day.*

**Licensee's Proposed Overall Completion Date: 01/02/2023**

**Implemented (MS - 02/08/2023)**

**132e - Fire Drill Sleeping Hours****10. Requirements**

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

**Description of Violation**

*The last fire drill conducted during sleeping hours was on 8/31/22 at 6:05AM. The previous sleeping hours fire drill was conducted on 12/20/21 at 1:00AM.*

**Plan of Correction**

**Accept (MS - 12/07/2022)**

*An education will be provided to and signed off on by the administrator and maintenance director on the regulation.*

*The administrator provided this education, and it has been completed as of 11/30/22.*

*A fire drill schedule that will be followed for the upcoming 12 months will be created with varying times and days of the week. This schedule will ensure that a drill is held during sleeping hours at least once every 6 months.*

*The maintenance director and administrator will sign off on this schedule for drills. Only the maintenance director and administrator will have access to this schedule.*

**Licensee's Proposed Overall Completion Date: 01/02/2023**

**Implemented (MS - 02/08/2023)**

**132f - Alternate Exit Routes****11. Requirements**

2600.

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

**Description of Violation**

*The stairwell A exit route was used during the fire drills held from 1/2022 to 7/2022.*

**Plan of Correction**

**Accept (MS - 12/07/2022)**

*An education will be signed off on by the Administrator and Maintenance director on the regulation. This education was completed as of 12/5/22 and presented by the administrator.*

*A schedule of fire drills for the next 12 months will be created by the administrator and will indicate which exits routes will be intended to be used. These routes will be varied month to month. Only the maintenance director and*

132f - Alternate Exit Routes (continued)

Administrator will have access to this schedule.

Licensee's Proposed Overall Completion Date: 01/02/2023

Implemented (MS - 02/08/2023)

141a - Medical Evaluation

12. 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

Resident 1 was admitted into personal care on [REDACTED]. Resident 1's medical evaluation, completed on [REDACTED], was not complete within 60 days prior to admission or within 30 days after admission of the resident.

Repeat Violation: 9/30/21

Plan of Correction

Accept (MS - 12/07/2022)

An audit will be completed by the Clinical Director 1x per week for 8 weeks of all admissions ensuring that 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 as completed. This audit will begin on 12/2/22. This audit will be complete on 1/30/23.

An education will be given to and signed off on by the Clinical Director, Administrator, and Admissions Director on the regulation. This education was complete on 12/6/22.

Licensee's Proposed Overall Completion Date: 01/30/2023

Implemented (MS - 02/08/2023)

183d - Prescription Current

13. 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

On 11/14/22, Acetaminophen tab 500mg prescribed for resident 2, was in the home's medication cart; however, the medication was discontinued on 11/3/22.

Plan of Correction

Accept (MS - 12/07/2022)

The medication was immediately removed from the cart and properly disposed of by the Clinical Director the same day, 11/10/22.

An education on the regulation will be provided to and signed off on by all Med Techs and nursing staff. This education will be presented by the Clinical Director by 1/2/23. This education began on 12/5/22.

A cart audit for discontinued medication will be performed 1x per week x4 weeks for all carts. This will be completed by the Clinical Director or a nursing supervisor and begin on 12/2/22. This audit will be complete by 1/2/23.

Licensee's Proposed Overall Completion Date: 01/02/2023

Implemented (MS - 03/23/2023)

183d - Prescription Current (*continued*)

## 183f - Discontinued Medications

**14. Requirements**

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

**Description of Violation**

*Debrox 6.5% ear drops belonging to resident 3 labelled discard after 10/27/22, were still on the medication cart on 11/14/22. This is not an approved method of destroying medications according to the Department of Environmental Protection and Federal and State regulation.*

**Plan of Correction****Accept (MS - 12/07/2022)**

*The medication was removed from the cart immediately and properly disposed of the same day, 11/10/22, by the Clinical Director.*

*An education on the regulation will be provided to and signed off on by all Med Tech's and Nurses. This education will be given by the Clinical Director by 1/2/23. This education begun on 12/5/22.*

*An audit will be completed by the Clinical Director or a supervisor 1x per week x4 weeks ensuring that an approved method of destroying medications according to the Department of Environmental Protection and Federal and State regulation was used for destroying any medications when necessary. This audit will begin on 12/2/22. This audit will be complete on 1/2/23.*

**Licensee's Proposed Overall Completion Date: 01/02/2023**

**Implemented (MS - 03/23/2023)**

## 184a - Resident's Meds Labeled

**15. Requirements**

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

**Description of Violation**

*Resident 1 is prescribed Novolin R Flexpen solution Pen-injector 100 unit/ML inject 8 units one time a day. However, the medication label reads inject 8 units 3 times a day.*

*Resident 4 is prescribed Clobetasol Propionate Liquid .05% apply to scalp topically in evening every Monday, Thursday, Saturday. However the medication label reads apply on scalp once daily.*

*Resident 5 is prescribed Lorazepam .5 tab give 1 tablet every 6 hours as needed. However, the controlled substance log reads give 1 tablet every 6 hours for 30 days.*

**Plan of Correction****Accept (MS - 12/07/2022)**

*Blank medication labels were ordered same day, 11/10/22, by the Clinical Director to be used when a medication's order changes. These labels were put in each nursing station on 11/11/22.*

*An education will be provided to and signed off on by all Med Tech's and nurses on the regulation by the Clinical*

**184a - Resident's Meds Labeled (continued)**

Director by 1/2/23. This education began on 12/5/22.

A cart audit will be performed for all carts 1x per week x4 weeks by the clinical director or nursing supervisor ensuring all labels on medications match up with the orders in the MAR. These audits will begin on 12/2/22. These audits will be complete on 1/2/23.

Licensee's Proposed Overall Completion Date: 01/02/2023

**Implemented (MS - 03/23/2023)**

**185a - Implement Storage Procedures****16. Requirements**

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

**Description of Violation**

On 11/2/22 at 6:08AM resident 1's glucometer reading was 112, however it was documented on the glucose log as 121.

On 11/6/22 at 9:31PM, resident 1's glucometer reading was 49, however it was documented on the glucose log as 69.

On 11/3/22 at 3:51PM resident 6's glucometer reading was 216, however it was documented on the glucose log as 212.

On 11/6/22 at 8:35PM resident 6's glucometer reading was 302, however it was documented on the glucose log as 304.

Repeat Violation: 9/9/21

**Plan of Correction**

**Accept (MS - 12/07/2022)**

An education will be provided to and signed off on by all Med techs and nurses on the regulation as it relates to glucometers. This education will be given by the Clinical Director by 1/2/23. This education began on 12/5/22.

An audit of glucometer documentation will be performed 1x per week x8 weeks by the Clinical Director or designee on all glucometers in the carts. This audit will begin on 12/2/22. This audit will be complete on 1/30/23.

Licensee's Proposed Overall Completion Date: 01/30/2023

**Implemented (MS - 03/23/2023)**

**17. Requirements**

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

**Description of Violation**

Resident 4 is prescribed Tylenol Tablet 325mg give 2 tablets every 4 hours as needed. On 11/14/22 this medication was not available in the home.

**Plan of Correction**

**Accept (MS - 12/07/2022)**

This medication was ordered the same day, 11/10/22 and was delivered on 11/11/22.

An education will be provided to all Med Techs and nurses on the regulation as it pertains to PRN medications. This education will be given by the Clinical director and completed by 1/2/23. This education began on 12/2/22.

An audit will be completed of all PRN medications ensuring they are located in the proper cart and available for

185a - Implement Storage Procedures (continued)

the resident 1x per week for 4 weeks by the Clinical Director or designee. This audit will begin on 12/2/22. This audit will be complete on 1/2/23.

Licensee's Proposed Overall Completion Date: 01/02/2023

Implemented (MS - 03/23/2023)

18. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

The following readings were recorded on the MAR for resident 1 but were not in their glucometer:

11/3/22 4:30PM, glucometer reading of 102

11/6/22 4:30PM, glucometer reading of 114

Plan of Correction

Accept (MS - 12/07/2022)

An education will be provided to all Med techs and nurses on the regulation as it relates to glucometers. This education will be given by the Clinical Director by 1/2/23. This education began on 12/2/22.

An audit of glucometer documentation will be performed 1x per week for 8 weeks on all glucometers in the carts by the Clinical Director or designee. This audit will begin 12/2/22. This audit will be complete on 1/30/23.

Licensee's Proposed Overall Completion Date: 01/30/2023

Implemented (MS - 03/23/2023)

191 - Resident Right to Refuse

19. Requirements

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident 1, admitted [REDACTED], has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Repeat Violation: 9/30/21

Plan of Correction

Accept (MS - 12/07/2022)

An audit of all resident files will begin on 12/6/22 and be completed by 1/2/23 by the administrative assistant to ensure each file contains a statement acknowledging they have been informed of their right to question or refuse medication.

An audit 1x per week x4 weeks will occur for all new admissions to ensure a signed statement acknowledging receipt of resident rights and complaint procedures is in the resident file. This audit will be completed by the administrator on 1/2/23. This audit began on 12/6/22.

An education will be completed and signed off on by the admissions director, clinical director, and administrator.

191 - Resident Right to Refuse (continued)

This education was completed on 12/5/22.

Licensee's Proposed Overall Completion Date: 01/02/2023

Implemented (MS - 02/08/2023)

224a - Preadmission Screen Form

20. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident 1 was admitted to personal care on [redacted] however, the resident's preadmission screening form was completed on [redacted].

Repeat Violation: 9/9/21

Plan of Correction

Accept (MS - 12/07/2022)

A 90 day lookback will be completed for new admissions ensuring the preadmission screening was completed within 30 days prior to admission and documented. This audit will begin on 12/8/22.

An audit 1x per week x4 weeks will be completed by the Clinical Director or designee ensuring that future admissions have a preadmission completed 30 days prior to admission and documented. This audit will begin on 12/2/22. This audit will be completed on 1/2/23.

An education was provided to and signed by the Administrator, Clinical Director, and Admissions Director on the regulation on 12/5/22. This education was presented by the Administrator.

Licensee's Proposed Overall Completion Date: 01/02/2023

Implemented (MS - 02/08/2023)

227g -Support Plan Signatures

21. Requirements

2600.

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

Description of Violation

Resident 1 participated in the development of his/her support plan on [redacted]. However, the assessor did not sign the support plan.

Plan of Correction

Accept (MS - 12/07/2022)

An audit will be completed by the Clinical director 1x per week for 8 weeks ensuring that all support plans completed in this time frame are signed off on by the assessor. This audit will begin on 12/2/22. This audit will end on 1/30/23.

An education will be provided to and signed off on by the Clinical Director and Administrator on the regulation. This education begun and on 12/2/22 and was completed same day. This education was presented by the administrator.

Licensee's Proposed Overall Completion Date: 01/30/2023

227g -Support Plan Signatures *(continued)**Implemented (MS - 03/23/2023)*

## 231b - Medical Evaluation

**22. Requirements**

2600.

231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

**Description of Violation**

*Resident 1 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED] however, the resident's medical evaluation was completed on 3/3/22.*

**Plan of Correction*****Accept (MS - 12/07/2022)***

*An education will be provided to and signed off on by the Administrator and Clinical Director on the regulation. This education was presented by the administrator on 12/5/22 and is complete.*

*An audit will be completed by the Clinical Director or designee 1x per week x8 weeks ensuring all medical evaluations are completed within 60 days prior to admission as well as Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit. This audit will begin on 12/2/22. This audit will be complete by 1/30/23.*

**Licensee's Proposed Overall Completion Date: 01/30/2023**

***Implemented (MS - 02/08/2023)***

## 231c - Preadmission Screening

**23. Requirements**

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

**Description of Violation**

*Resident 1 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED] However, resident 1's written cognitive preadmission screening was not signed by a physician or a geriatric assessment team person.*

**Plan of Correction*****Accept (MS - 12/07/2022)***

*An education will be provided to and signed off on by the Administrator and Clinical Director on the regulation. This education began and was completed on 12/5/22. The administrator presented the education.*

*An audit will be completed by the Clinical Director or designee 1x per week x8 weeks ensuring all preadmission screenings are completed within 72 hours prior to admission to a secured dementia care unit and that all are signed off on by a physician or a geriatric assessment team person. This audit will begin 12/2/22. This audit will be complete on 1/30/22.*

**Licensee's Proposed Overall Completion Date: 01/30/2023**

***Implemented (MS - 02/08/2023)***

231e - No Objection Statement

24. Requirements

2600.

231.e. Each resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

Description of Violation

Resident 1 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]. However, resident 1's no objection statement wasn't completed until [REDACTED].

Plan of Correction

Accept (MS - 12/07/2022)

An education will be provided to and signed off on by the Administrator, Admissions Director and Clinical Director on the regulation. This education began and was completed on 12/5/22. The administrator presented the education. An audit will be completed by the Clinical Director or designee 1x per week x4 weeks ensuring all No objection statements for new admissions to the dementia care unit are completed prior to admission to a secured dementia care unit. This audit will begin 12/2/22. This audit will be complete on 1/2/23.

Licensee's Proposed Overall Completion Date: 01/02/2023

Implemented (MS - 02/08/2023)

252 - Record Content

25. Requirements

2600.

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

Description of Violation

Resident 1, 6, and 7's records do not include hair color and eye color.

Resident 8's record does not include the incident report dated [REDACTED]

Plan of Correction

Accept (MS - 12/07/2022)

Hair Color and Eye color were added into each resident's face sheet the day of violation, 11/10/22, by the Clinical Director. This feature was added to the facilities PointClickCare access the day of violation, 11/10/22. An audit will be completed of all resident charts by the Clinical Director and Administrator to ensure the required content of the records is present. This audit will begin on 12/6/22 and be complete by 1/2/23. All incident reports for the past 12 months were copied and placed into the appropriate residents' charts on 11/10/22. An audit will be completed 1x per week for 8 weeks by the administrator ensuring all incident reports that occur are places in the residents' charts. This audit will begin 12/2/22. This audit will be complete on 1/30/23.

Licensee's Proposed Overall Completion Date: 01/30/2023

Implemented (MS - 02/08/2023)