



CERTIFIED MAIL – RETURN RECEIPT
REQUESTED MAILING DATE: May 3, 2023

[REDACTED]
McCandless Square Senior Living LLC
[REDACTED]

RE: Ashton Commons Senior Living
551 Cooper Street
Wexford, Pennsylvania 15090
License/COC #: 453541

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on August 16, 2022, August 17, 2022, and November 10, 2022, of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance (license number 453540) dated April 21, 2022 – April 21, 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 and is valid from May 3, 2023 to November 3, 2023.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

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. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

[REDACTED]
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120
PH: 717-214-1304

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

Sincerely,



Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc:

[REDACTED]
[REDACTED]
[REDACTED]

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

Facility Information

Name: *ASHTON COMMONS SENIOR LIVING* License #: *45354* License Expiration: *04/21/2023*
Address: *551 COOPER STREET, WEXFORD, PA 15090*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *MCCANDLESS SQUARE SENIOR LIVING LLC*
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *01/19/2022* Issued By: *Twp of McCandless*

Staffing Hours

Resident Support Staff: Total Daily Staff: *112* Waking Staff: *84*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Interim* Exit Conference Date: *11/10/2022*

Inspection Dates and Department Representative

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

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *109* Residents Served: *90*

Secured Dementia Care Unit

In Home: *Yes* Area: *1st floor* Capacity: *16* Residents Served: *8*

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *90*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *22* Have Physical Disability: *1*

Inspections / Reviews

11/10/2022 - Partial

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

Inspections / Reviews *(continued)*

12/06/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/20/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 12/16/2022

01/10/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/20/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 01/20/2023

04/07/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/20/2023

Reviewer: [REDACTED]

Follow-Up Type: Enforcement

25c2 - Fee Schedule

1. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

- 2. A fee schedule that lists the specify the following: actual amount of allowable resident charges for each of the home's available services.

Description of Violation

The home charges specified amounts for individual personal needs services. The resident-home contract, dated 4/29/22, for resident #1 does not include a fee schedule of actual amounts charged for available services.

Plan of Correction

Accept [redacted] 12/06/2022)

The resident home contract does include a fee schedule of actual amounts charges for available services. This is reviewed at the time of agreement signing with resident/resident representative. The Administrator/Designee will ensure that each current resident/POA of current resident will receive a fee schedule (hard copy) by December 15, 2022. The fee schedule will be mailed/emailed to each resident/resident designee respectively. BOM will work with Administrator/Designee to ensure that all residents receive the fee schedule. Audit will be conducted by BOM with each new admission to ensure that fee schedule is include in resident contract for two months.

Licensee's Proposed Overall Completion Date: 02/15/2023

Not Implemented ([redacted] - 04/07/2023)

25c3 - Annual Assessment

2. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

- 3. An explanation of the annual assessment, medical evaluation and support plan requirements and procedures, which shall be followed if either the assessment or the medical evaluation indicates the need of another and more appropriate level of care.

Description of Violation

The resident-home contract, dated 4/29/22, for resident #1 does not explain the annual assessment, medical evaluation and support plan requirements and procedures to be followed if the assessment or medical evaluation indicates the need for another or more appropriate level of care.

Plan of Correction

Accept ([redacted] - 12/06/2022)

The resident home contract will be updated to include explanation of the annual assessment, medical evaluation and support plan requirements. Current resident/ resident representative will be given a contract addendum indicating this information by December 15th 2022. BOM will conduct a audit/review of all new admissions to ensure all resident home agreements include this update for two months

Licensee's Proposed Overall Completion Date: 02/15/2023

Not Implemented ([redacted] 04/07/2023)

25c8 - Smoking

3. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

- 8. The home's rules related to home services, including whether the home permits smoking.

25c8 - Smoking (continued)

Description of Violation

The resident-home contract, dated 4/29/22, for resident #1 does not include the current home rules.

Plan of Correction

Accept [redacted] - 12/06/2022)

The resident home contract has been updated to include a designation of whether smoking is permitted in the home. The Administrator/Designee will ensure that each current resident/POA of current resident will receive an addendum (hard copy) of the home's smoking policy by December 15, 2022. The smoking policy addendum will be mailed/mailed to each resident/resident designee respectively. BOM will work with Administrator/Designee to ensure that all residents receive the smoking policy. Audit will be conducted by BOM with each new admission to ensure that fee schedule is include in resident contract for two months.

Licensee's Proposed Overall Completion Date: 02/15/2023

Not Implemented [redacted] 4/07/2023)

25c12 - Bed Hold

4. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

- 12. Charges to the resident for holding a bed during hospitalization or other extended absence from the home.

Description of Violation

The resident-home contract, dated 4/29/22, for resident #1 does not include the charges for holding a bed during an absence.

Plan of Correction

Accept ([redacted] - 01/10/2023)

The parameters of the contract regarding bedholds/leaves of absence was updated on December 16th by Lisa Conklin, Executive Director to reflect how the resident is charged from 1-14 days. All residents/resident representatives will be made aware of the change/update in the resident home agreement by 01152023. Administrator/Designee will notify in writing on the amendment/clarification to the resident home agreement. Administrator/Designee will review all resident home agreements for 2 months to ensure notification and understanding of bedhold agreement.

Licensee's Proposed Overall Completion Date: 03/15/2023

Not Implemented [redacted] - 04/07/2023)

91 - Telephone Numbers

7. Requirements

2600.

- 91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

At approximately 10:30 a.m., there were no emergency telephone numbers, to include the nearest hospital and fire department, on or by the telephones in the bedrooms of resident #2 and resident #3.

Plan of Correction

Accept [redacted] - 12/06/2022)

Administrator/Designee will ensure that all new admissions and respites have emergency telephone numbers of

91 - Telephone Numbers (continued)

hospital and fire department in the rooms prior to admission. Prior to admission, room is inspected for readiness, at that time staff will ensure that a tag is left in the room for Emergency Telephone Numbers. Administrator/Designee will check room with every admission to ensure that emergency number tag is available in room will audit for two months.

Licensee's Proposed Overall Completion Date: 02/15/2023

Not Implemented () - 04/07/2023)

103e - Left Overs**8. Requirements**

2600.

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

Description of Violation

At 10:09 a.m., there were 2 unlabeled and undated red plates of bacon and corned beef hash in the secure dementia care unit (SDCU) refrigerator.

Plan of Correction

Accept () - 01/10/2023)

The food was immediately removed by the Maintenance Director during the inspection on 11/10/2022. Memory Care Director/Designee will check the refrigerator daily at the end of shift to ensure that there is no unlabeled or undated food in the refrigerator for two weeks. Also, any food that is unmarked or undated will be discarded immediately. Memory Care Director/Designee will check the refrigerator daily for two weeks and weekly for ten weeks. All Dietary and food handler staff has been inserviced on regulation 103 in its entirety and specifically (e).

Licensee's Proposed Overall Completion Date: 03/15/2023

Not Implemented () - 04/07/2023)

162c - Menus Posted**9. 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

Throughout the day, only the menu for the current day was posted in the home near the small dining room entrance.

Plan of Correction

Accept () - 12/06/2022)

At the time of the revisit, the community was without an Executive Chef. The Regional Chef was creating the new 4 week menu and had posted it prior to exit. Monthly menu is posted currently and will continue to be available to all residents at anytime. Administrator/Designee will audit menus weekly for two weeks to ensure they are posted 1 week in advance and kept in a conspicuous place for all to access. This will be audited for 2 months

Licensee's Proposed Overall Completion Date: 11/28/2022

Implemented () - 04/07/2023)

183b - Meds and Syringes Locked

10. Requirements

2600.

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

Description of Violation

At 10:45 a.m., there was a nearly empty bottle of chlorhexidine 4% liquid on the bathroom counter in resident #4's unlocked, unattended, and accessible bedroom.

Plan of Correction**Accept** (████) 12/06/2022)

Administrator/Designee will inservice all staff regarding prescriptions medications including OTC, CAM and Syringes being kept in a container that is locked, or in the med room .Inservice will occur no later than December 15, 2022. If resident requests to keep med in room, community will obtain a "may keep at bedside order", and instruct resident to keep apartment door locked at all times. An audit will be conducted by Wellness Director/Designee to ensure that no medications are kept in resident rooms without appropriate orders. Audit will be done weekly for two weeks and then monthly for two months.

Licensee's Proposed Overall Completion Date: 02/15/2023

Not Implemented (████) 04/07/2023)**183e - Storing Medications****11. Requirements**

2600.

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

Description of Violation

At 3:18 p.m., resident #5's Humalog insulin pen was stored in the home's medication cart and was not labeled with the date it was opened.

Plan of Correction**Accept** (████) 12/06/2022)

Resident #5's insulin was correctly dated on the day that it was discovered. Wellness Director/Designee will conduct an inservice for resident care staff including dating all insulin pens, eye drops, ear drops and any multidose medication when it is opened; to follow the manufacturer's instructions regarding dosing and expiration of medication. Wellness Director/Designee will audit medication carts for dates on multi dose medication weekly for two weeks and then monthly for two months

Licensee's Proposed Overall Completion Date: 02/15/2023

Not Implemented (████) 04/07/2023)**185a - Implement Storage Procedures****12. 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 11/5/22 at 10:41 a.m., resident #1's blood sugar reading on her glucometer was 189; however, the reading was documented on the resident's November 2022 medication administration record (MAR) as 187.

185a - Implement Storage Procedures (continued)

On the following dates and times, resident #5's blood sugar readings on her glucometer did not match the blood sugar readings documented on the resident's November 2022 MAR:

<u>Date</u>	<u>Time</u>	<u>Glucometer Reading</u>	<u>MAR</u>
11/5/22	9:12 pm	281	182
11/9/22	10:06 pm	194	190

Plan of Correction

Accept [REDACTED] 12/06/2022)

Wellness Director/Designee will inservice staff regarding the importance of safe storage and security in the use of medication and equipment. Inservice will occur no later than December 15 2022. A glucometer reading book will be developed and nightshift staff will audit weekly glucometer readings for the previous week against the MAR to ensure accurate recording of blood sugars. Any discrepancies will be reported to Wellness Director who then will report medication error to DHS and notify family and physician. This weekly BS audit will be ongoing at the community. Wellness Director will check book weekly for two weeks and then monthly for two months to ensure completion and accuracy.

Licensee's Proposed Overall Completion Date: 02/15/2023

Not Implemented [REDACTED] 04/07/2023)

187a - Medication Record

13. Requirements

2600.

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

3. Name of medication.
4. Strength.
6. Dose.
8. Frequency of administration.
9. Administration times.

Description of Violation

Resident #5 is prescribed Humalog 100u/ml-Inject 2u subcutaneously in the morning, inject 4u subcutaneously in the evening; and refer to sliding scale before meals, blood glucose reading: 70-140 = 0u; 141-180=1u; 181-220=2u; 221-260=3u; 261-300=4u; 301-340 = 5U; >340=6u and call MD; however, the resident's November 2022 MAR indicates-refer to sliding scale before meals and at bedtime, blood glucose reading: 70-140 = 0u; 141-180=1u; 181-220=2u; 221-260=3u; 261-300=4u; 301-340 = 5U; >340=6u and call MD.

Resident #6 is prescribed fluticasone 100/salmeterol 50-inhale 1 puff orally every 12 hours, rinse mouth after use; however, the resident's November 2022 MAR indicates-trelegly ellipta 100/62.5/25mcg-inhale 1 puff by mouth once daily.

Plan of Correction

Directed [REDACTED] 01/10/2023)

On 11/11/2022, [REDACTED] Wellness Director notified the pharmacy that the medication for the resident was incorrect on the medication record. The amended order for the Wixela that was sent to the pharmacy on 11.12.22, because Trelegy was not available is included in the attachments. It is dated 08/11/22. On 12/06/2022, staff were re-educated about the policy and regulation for medication to be kept and available for resident per physicians order. Specifically, 187a, 188, 185a. Wellness Director/Designee will instruct and educate staff to monitor any

187a - Medication Record (continued)

new insulin orders and monitor any current medication changes to ensure appropriate instructions on medication orders. All orders are reviewed by nightshift staff against the packing list. If medications are missing the Wellness Director will be notified for resolution and receipt of medication to the community. Pharmacy will be notified immediately for any changes to instructions that are needed. Wellness Director/Designee will audit all new orders. Wellness Director will review all physicians orders daily and follow up with electronic efax verification to ensure that order(s) were received. and any changes weekly for two weeks then monthly for two months.

DIRECTED

Within 2 calendar days of receipt of the accepted plan of correction: The administrator or wellness director shall review all resident MARs monthly for accuracy and completeness. 1/10/23 ■

Directed Completion Date: 03/15/2023

Not Implemented ■ 04/07/2023)

187d - Follow Prescriber's Orders**14. Requirements**

2600.

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

Description of Violation

Resident #1 is prescribed the following medications which were not administered on various dates and times because they were not available in the home:

- *fluticasone 100-25-inhale 1 puff by mouth once daily; not administered on 11/4/22, 11/5/22, and 11/8/22*
- *incrose elpt 62.5mcg-inhale 1 puff into mouth once daily; not administered on 11/1/22 at 8 a.m.*
- *jardiance 25mg-take one tablet by mouth once daily; not administered 11/1/22 -11/9/22 at 8:00 a.m.*
- *trazodone 50mg-take one tablet by mouth every night at bedtime, not administered 11/5/22-11/9/22 at 8:00 p.m.*

Resident #2 is prescribed azithromycin 250 mg-take 2 tablets by mouth on 11/4/22 and 1 tablet daily by mouth 11/5/22 through 11/8/22; however, the medication was not administered on 11/4/22 and 11/5/22 because it was not available in the home.

Resident #6 is prescribed fluticasone propionate-inhale 1 puff orally every 12 hours, rinse mouth after use; however, the medication was not administered on 11/5/22, 11/8/22, and 11/9/22 because it was not available in the home.

Plan of Correction

Accept (■ 01/10/2023)

On 11/04/2022, ■ Wellness Director reordered the medication for resident #2. The medication arrived on 11/04/22. The Jardiance for resident #1 required a prior authorization from the physician that was communicated to him. Physician did authorize the medication and office faxd to the pharmacy, community is not able to confirm exact date of physician fax, but medication is available for resident. Ellipta arrived for resident on 12/19/22, physician, resident and family are aware. Fluticasone (Wixela) was available for resident #6 from 08/09/22 per VA services. On 12/06/2022 staff were re-educated about the policy and regulation for medication to be kept and available for resident per physicians order. Specifically, 188, 185a and 15c. Wellness Director/Designee will instruct and educate staff to monitor any new orders and monitor any current medication changes to ensure appropriate instructions on medication orders. Inservice will occur no later than December 15 2022. all orders are reviewed everyday by nightshift staff against the packing list. If medications are missing the Wellness Director will be

187d - Follow Prescriber's Orders (continued)

notified for resolution and receipt of medication to the community. Pharmacy will be notified immediately for any changes to instructions that are needed. Wellness Director/Designee will audit all new orders. Wellness Director will review all physicians orders daily and follow up with electronic efax verification to ensure that order(s) were received. and any changes weekly for two weeks then monthly for two months.

Licensee's Proposed Overall Completion Date: 03/15/2023

Not Implemented (████) - 04/07/2023)

224a - Preadmission Screen Form**15. 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 #7's preadmission screening form, dated 4/20/22, does not include a determination that the needs of the resident can be met by the services provided by the home.

Plan of Correction

Accept (████) - 01/10/2023)

On 11/11/2022. Wellness Director updated the prescreen form to ensure that it was completed and updated appropriately. Administrator/Designee will inservice all employees that complete the Preadmission Screen Form to ensure an understanding of the form and that all questions are addressed. This will ensure that the needs of the resident can be met by the community. The inservice will occur no later than December 30th.

Administrator/Designee will audit all Prescreen forms to ensure that all areas are completed appropriately. This audit will occur for two months.

Licensee's Proposed Overall Completion Date: 03/15/2023

Not Implemented (████) - 04/07/2023)

225a - Assessment 15 Days**16. Requirements**

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident 7's initial assessment is undated; therefore, it is unable to be determined if the assessment was completed timely.

Plan of Correction

Directed (████) - 01/10/2023)

Administrator/Designee will review all assessments for future admissions to ensure that they are dated at the time of assessment. An audit will be conducted for two months to ensure that this process occurs without interruption. This is to ensure that the assessment occurs no later that 15 days after admission of the resident to the community.

DIRECTED

Within 5 calendar days of receipt of the accepted plan of correction: The administrator or wellness director shall audit all current resident assessments to ensure accuracy and completeness. 1/10/23 (████)

225a - Assessment 15 Days (continued)

Directed Completion Date: 02/15/2023

Implemented (████) 04/07/2023)

227a - Support Plan 30 Days

17. Requirements

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident #7's initial support plan is undated; therefore, it is unable to be determined if the assessment was completed timely. In addition, the resident's initial assessment indicates the resident has service needs for eating, securing healthcare, shopping, supervision, judgment, and the diagnoses of COPD and Alzheimers; however, there is no responsible party indicated to meet these needs, and the summary and determination section is blank.

Plan of Correction

Directed (████) 01/10/2023)

Wellness Director/Designee will audit support plans to ensure that support plans are dated and signed at time of review. Also, support plans will include the distinction of ability to sign with each support plan. Lastly, Administrator/Designee will ensure that the support plan indicates the responsible party who will meet the needs of the resident. This will occur for those individual who reside in the SDCU area and those that reside in Personal Care. This will occur with each support plan review and Administrator/Designee will audit this process for two months.

DIRECTED

Within 5 calendar days of receipt of the accepted plan of correction: The administrator or wellness director shall audit all current resident support plans to ensure accuracy and completeness. 1/10/23 (████)

Directed Completion Date: 02/15/2023

Not Implemented (████) 04/07/2023)

227g -Support Plan Signatures

18. 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 #7's initial support plan, which is undated, is not signed by the resident, and there is no indication that the resident is unable or declined to sign.

Resident #8's (████) participated in the development of (████) support plan, dated 9/16/22; however, the resident's (████) did not sign the support plan, and there is no indication that he is unable or declined to sign.

Plan of Correction

Directed (████) - 01/10/2023)

Wellness Director obtained signature from granddaughter of resident #7 on 12/19/22. the box is checked that resident is unable to sign d/t dementia diagnosis. Administrator/Designee will audit support plans to ensure that support plans are dated and signed at time of review. Also, support plans will include the distinction of ability to sign with each support plan. This will occur for those individual who reside in the SDCU area and those that reside in

227g -Support Plan Signatures (continued)

Personal Care. This will occur with each support plan review and Administrator/Designee will audit this process for two months.

DIRECTED

Within 5 calendar days of receipt of the accepted plan of correction: The administrator or wellness director shall audit all current resident assessments to ensure accuracy and completeness, including required signatures. 1/10/23

Directed Completion Date: 02/15/2023

Not Implemented () - 04/07/2023)

231b - Medical Evaluation**19. 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

The status change medical evaluation for resident #8, admitted to the SDCU on [REDACTED] is undated in the areas for the date resident evaluated and dated form completed, and the resident's pulse rate and temperature are not indicated. These areas of the form are blank.

Plan of Correction

Directed () - 01/10/2023)

On 12/04/2022 Wellness Director amended the medical evaluation and reviewed /obtained permission from physician to complete the forms. The Documentation of Medical Evaluation was signed and dated at the bottom of the DME, but not at the "evaluation/completed "area. Administrator/Designee will ensure that all medical evaluations are dated and completed with no empty boxes for all residents: those that are transitioning to the SDCU area and also those that are being admitted to Personal Care. Administrator/Designee will audit all transfer DME's and new admission DME's for at least two months to ensure completeness. Also, medical evaluations will be evaluated for completeness annually as well.

DIRECTED

Within 5 calendar days of receipt of the accepted plan of correction: The administrator or wellness director shall audit all current resident medical evaluations to ensure accuracy and completeness. 1/10/23

Directed Completion Date: 03/15/2023

Not Implemented () - 04/07/2023)